

## Mentor Application Package

Please complete the application form by responding to all the questions below.

The information contained in this form will remain confidential.

Due to feedback from mentees, we require mentors to be 25 -55years of age.  
Thankyou for your understanding.

For more information, please contact our Youth Mentoring Coordinators on  
8517 5626 or 8517 5997 or email [youthmentoring@jewishcare.org.au](mailto:youthmentoring@jewishcare.org.au)



# Youth Mentoring



## SECTION 1: DETAILS OF APPLICANT

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Work Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Birth:    /    /   . Country of Birth: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Driver's License Expiry Date:    /    /   

Marital / Relationship status: \_\_\_\_\_ Number of children: \_\_\_\_\_

Religious Affiliation (e.g. traditional, not religious, orthodox – important for matching purposes): \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of work: \_\_\_\_\_

Do you have any medical condition and/or related medication that Jewish Care must be made aware of (e.g. Diabetes)?  
\_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ E-mail: \_\_\_\_\_



# Youth Mentoring

## Emergency Contact Details

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

## **SECTION 2: GENERAL QUESTIONS**

Have you done volunteer work before? Yes  No

Have you been a mentor to other students? Yes  No

Have you ever had a problem with excessive use of alcohol or other drugs? Yes  No

Have you ever received counseling, psychiatric care, or prolonged medical treatment? Yes  No

Have you ever been charged with a criminal offence? Yes  No

Have you received services from Individual and Family Support Services at Jewish Care Yes  No

If you have answered 'yes' to any of the above questions, please provide details :

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# Youth Mentoring

Are you prepared to commit to the Youth Mentoring Program for at least one academic year?      Yes         No  

Are you prepared to commit to a minimum of 1 Face to face monthly meetings and regular phone/email contact with the young person?      Yes         No  

Do you agree to maintain contact with the Youth Mentoring Coordinator?      Yes         No  

Do you agree to attend the 6 hour mandatory training sessions (online and face to face)?      Yes         No  

When are you available for your mentoring role? E.g. evenings, Sundays etc

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# Youth Mentoring



## SECTION 3: MOTIVATING FACTORS

What are 3 things you feel you are good at?

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What personal qualities and skills would you bring to the mentoring relationship?

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Why would you like to become a youth mentor?

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# Youth Mentoring



What do you see the role of a mentor being?

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What are your hobbies?

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List any community organisations / clubs with which you belong or have been involved:

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Program do you feel you would like to volunteer for:

Youth Aspire       Young Achievers Program



# Youth Mentoring



**Please note it is mandatory obligation to have a clear Police Check and Working with Children Check**

\_\_\_\_\_  
(Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(Date)

Thank you for completing the application form. Please email the form back to [earnold@jewishcare.org.au](mailto:earnold@jewishcare.org.au)

## REFERENCES FOR VOLUNTEER MENTOR APPLICATION

Please list the names and contact details of three people who can serve as referees for you. The nominated people need to have known you for at least 12 months, have had recent contact with you and will provide accurate descriptions of your reputation and character. Please use one professional reference and do not use relatives. All references are confidential.

Name: _____
Address: _____ Post Code: _____
Tel (home): _____ Tel (work): _____
Relation to you: _____

Name: _____
Address: _____ Post Code: _____
Tel (home): _____ Tel (work): _____
Relation to you: _____

Name: _____
Address: _____ Post Code: _____
Tel (home): _____ Tel (work): _____
Relation to you: _____