



# MENTOR APPLICATION FORM

*(Please attach one passport sized photo with this form)*

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Day Month Year

Name: \_\_\_\_\_ Male  Female

Home Address: \_\_\_\_\_

Mailing address (if not home): \_\_\_\_\_

Religion: \_\_\_\_\_

Home ph: \_\_\_\_\_ Work ph: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_

Do you have any children: Yes  No

If yes, how many? \_\_\_\_\_

Please list age and gender: \_\_\_\_\_

Recreational interests: \_\_\_\_\_

Highest level of education completed: \_\_\_\_\_  
*(Please give area of specialization)*

*Please place a tick (✓) the words which describe your personality:*

- |             |       |           |              |
|-------------|-------|-----------|--------------|
| Spiritual   | Happy | Nervous   |              |
| Adventurous | Moody | Outgoing  |              |
| Confident   | Quiet | Talkative |              |
| Sensitive   | Shy   | Friendly  | Other: _____ |



**Why do you want to become a mentor?**

Help youth achieve their potential

Christian values/duty

Make a difference to society

Other: \_\_\_\_\_

**Have you yourself ever been mentored?**

Formally  Informally  Never

**Are there any specialist skills/experience you can offer your mentee?**

Prior mentoring

Counselling

Children

School subjects

Computing/ I.T.

Business/Entrepreneurship

Sport

Music

Other: \_\_\_\_\_

**Please list examples of any prior volunteer experience:**

\_\_\_\_\_  
\_\_\_\_\_

**Can you meet with a child as often as our programme requires?** Yes  No   
*(Please see below for details)*

**Would you prefer to be matched with a mentee from a specific age group?**  
Yes  No

*If yes, please tick:* 13yrs – 15yrs  16yrs – 18 yrs  19 yrs

**Please give details of two (2) character references:**  
*(Please list only persons you have known for at least a year)*

|              | REFERENCE 1 | REFERENCE 2 |
|--------------|-------------|-------------|
| NAME         |             |             |
| EMPLOYER     |             |             |
| TEL NO.      |             |             |
| RELATIONSHIP |             |             |



**If you become a Mentor, you will be asked to agree to the following basic requirements:**

1. *To serve as a Mentor for at least one year*
2. *To maintain weekly contact with the mentee and to meet face to face with mentee at least once per month.*
3. *To attend Mentor Training sessions and to participate as much as possible in other Mentor support sessions and network groups.*
4. *To be dedicated and dependable in trying to assist the student to achieve academic and personal goals; to base your relationship with the student on respect for the student and the student's family.*
5. *To preserve the confidentiality of all information learned about the student and the student's family.*

I certify that the information I have supplied above is correct to the best of my knowledge. I grant permission to contact the references provided and also agree to let the programme conduct a criminal records check. I have read and understood the programme's rules, regulations and responsibilities for becoming a mentor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Thank you for taking the time to complete this application and for wanting to make a difference in a child's life.***

SUSTAINABILITY  
OUR RESPONSIBILITY

**For official use only:**

|                                  |  |
|----------------------------------|--|
| Date Application Received: _____ | Checked: YES <input type="checkbox"/> NO <input type="checkbox"/>  |
| Received by: _____               | Approved: YES <input type="checkbox"/> NO <input type="checkbox"/> |