



MENTOR VOLUNTEER APPLICATION FORM

DATE _____
dd-mmm-yyyy

PERSONAL INFORMATION

(Please circle one) Mr Mrs Ms Miss

First Name	Middle Name	Last Name

Preferred Name	Email Address

Street Address	City and Province	Postal Code

Home Phone Number	Work Phone Number	Cell Phone Number

MENTOR DETAILS

Please list and explain any interests, hobbies, languages, special skills, and/or life experiences that you feel makes you an ideal mentor

Name three (3) things that you value

All mentors must commit one (1) year to the relationship with their mentee as well as participation in trainings and a few special events related to the Mentorship program.

AVAILABILITY (Please indicate which days and times you will be available to meet with your mentor. It is only a monthly meeting but we want to know your flexibility for special events and other meetings)

DATES / TIMES	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Morning (9am – 12pm)							
Afternoon (12pm – 5pm)							
Evening (5pm – 9pm)							

Reasons you would like to become a mentor at Covenant House Vancouver (CHV)

Why do you think you would be an ideal mentor?

How did you find out about CHV's Mentorship program?

HISTORY (VOLUNTEER, EMPLOYMENT, EDUCATION, TRAINING)

VOLUNTEER

Are you presently a volunteer? Y N

If yes, where? _____ How long? _____

EMPLOYMENT

Are you currently employed? Y N

If yes, employment status? Full Time Part Time Casual

Company / Organization _____

Profession _____

Years of experience _____

Describe your responsibilities at your current position

REFERENCES

We require two (2) references who have known you for at least six (6) months. Relatives are not eligible as references. Submit a copy of your references and/or provide their contact information below.

Reference 1

Name _____ Relationship _____

Phone _____

Reference letter attached

Reference 2

Name _____ Relationship _____

Phone _____

Reference letter attached

EDUCATION / TRAINING

School Level	Name and Location of School	Course of Study	Completed?		Certificate / Degree Received
High School			<input type="checkbox"/> Y	<input type="checkbox"/> N	
College / University			<input type="checkbox"/> Y	<input type="checkbox"/> N	
Post Graduate			<input type="checkbox"/> Y	<input type="checkbox"/> N	
Business / Trade Technical			<input type="checkbox"/> Y	<input type="checkbox"/> N	
Other Certificates / Credentials			<input type="checkbox"/> Y	<input type="checkbox"/> N	

HEALTH AND SAFETY

Covenant House Vancouver (CHV) is committed to protecting the health and safety of all staff, volunteers, and youth. The agency strives to provide a safe work environment that is in keeping with industry standards and all provincial regulations. This includes identifying and preventing hazards that pose risks to our staff, volunteers, and youth, as well as cause damage to personal or agency property. All staff and volunteers have a personal responsibility to prevent accidents or injury in the workplace.

CHV endeavors to protect its staff, volunteers and youth, there are occupational hazards related to working with at-risk population. This includes, but are not limited to, threats or actual violence (written, verbal, physical), communicable diseases and infestation, and allegations of behavioral impropriety. CHV has policies and protocols in place to address these occupational hazards.

Are you comfortable working in this type of setting? Y N

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone Home _____ Business _____ Cell _____

CERTIFICATION

I certify that the statements made in this volunteer application are true and correct, and are given voluntarily. I will familiarize myself with relevant policies and procedures as I participate in the Mentorship program at CHV. I also understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for sharing such information.

I understand that the all information contained herein is recorded in the CHV database; and that at my written request, further collection and use of my information will cease henceforth.

Date dd-mmm-yyyy Signature _____

PLEASE SEND COMPLETE APPLICATION TO

Covenant House Vancouver
Attention: Lisa Mendes, Mentorship Coordinator

By mail: 326 West Pender, Vancouver, BC, V6B 1T1

OR

By email: mentorship@covenanthousebc.org

FOR INQUIRIES, CONTACT THE MENTORSHIP COORDINATOR AT

Phone: (604) 647-4480 x 8864

Fax: (604) 647-4484

Please note that only – only applicants whose skills and availability match the current needs of the Mentorship Program will be contacted.