



# VOLUNTEER MENTORSHIP PROGRAM

Care • Empower • Transform



## VOLUNTEER APPLICATION FORM

African Youth Mentoring and Leadership Program

Purpose: This form is used to assess the suitability of potential volunteer mentors who wish to support young people through Care Africa. Information collected will be handled confidentially and used only for volunteer screening, placement, safety checks, communication and program coordination.

### 1. Personal Details

<b>Full Name</b>	
<b>Date of Birth</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other: _____
<b>Residential Address</b>	
<b>Suburb / Postcode</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>Preferred Contact Method</b>	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> SMS/Text Message

### 2. Emergency Contact

<b>Emergency Contact Name</b>	
<b>Relationship to Applicant</b>	
<b>Phone Number</b>	
<b>Email Address</b>	

### 3. Volunteer Mentor Interest

Why do you want to become a volunteer mentor with Care Africa?

**What qualities, skills or experiences do you believe you can bring to the mentoring role?**

**Have you previously volunteered or worked with young people?**

Yes  No

**If yes, please provide details:**

#### 4. Availability

Day	Morning	Afternoon	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How many hours per month can you commit to mentoring?**

2–4 hours  5–8 hours  9–12 hours  More than 12 hours

**Are you able to commit for at least 6 months?**

Yes  No  Unsure

#### 5. Education, Employment and Experience

<b>Current Employment Status</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Not employed <input type="checkbox"/> Other: _____
<b>Current Occupation / Field of Study</b>	
<b>Highest Level of Education Completed</b>	

<b>Relevant Qualifications / Training</b>	
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Relevant professional, leadership, community or life experience:

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## 6. Cultural and Community Experience

Do you have experience working with African communities, multicultural communities, or young people from migrant/refugee backgrounds?

Yes  No

If yes, please provide details:

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<b>Languages Spoken</b>	
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<b>Cultural/community groups or affiliations relevant to mentoring</b>	
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Do you identify with or have lived experience in African community life, migration, settlement or multicultural leadership?

Yes  No  Prefer not to say

Please provide details if you wish:

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## 7. Areas of Mentoring Interest

Please tick the areas where you feel confident providing support:

Education/study support  Career guidance  Employment readiness  Leadership development  Confidence/self-esteem  Cultural identity/belonging  Life skills  Goal setting  Sports/arts/creative activities  Community participation  Other: \_\_\_\_\_

## 8. Screening and Safety Requirements

Care Africa is committed to child safety, cultural respect, inclusion and the wellbeing of all young people involved in its programs. All mentors may be required to complete screening, orientation and ongoing supervision before being matched with a mentee.

<b>Working with Children Check status</b>	<input type="checkbox"/> Current <input type="checkbox"/> Application in progress <input type="checkbox"/> Do not currently hold
<b>WWCC Number</b>	

WWCC Expiry Date

Do you consent to Care Africa conducting referee checks?

Yes  No

Do you consent to Care Africa requesting or verifying relevant background checks where required?

Yes  No

Have you ever been convicted of an offence that may affect your suitability to work with young people?

Yes  No

If yes, please provide details. A disclosure does not automatically exclude you from volunteering, but may require further discussion:

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## 9. Referees

Please provide two referees who can comment on your character, work ethic, community involvement or suitability to work with young people.

Referee 1 - Name	
Relationship to You	
Organisation	
Phone	
Email	

Referee 2 - Name	
Relationship to You	
Organisation	
Phone	
Email	

## 10. Mentor Commitment Statement

- Act in the best interests of young people
- Maintain appropriate boundaries at all times
- Respect confidentiality and privacy
- Promote safety, respect, dignity and inclusion
- Attend orientation, training and supervision where required
- Communicate honestly with Care Africa program coordinators
- Notify Care Africa of any concerns regarding a young person's safety or wellbeing

Follow Care Africa policies, procedures and code of conduct

## 11. Applicant Declaration

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that submitting this application does not guarantee acceptance as a volunteer mentor. I agree to participate in screening, interview, orientation and training processes as required by Care Africa.

<b>Applicant Full Name</b>	
<b>Signature</b>	
<b>Date</b>	

## 12. Office Use Only

<b>Application Received By</b>	
<b>Date Received</b>	
<b>Interview Required</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Interview Date</b>	
<b>WWCC Verified</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
<b>Referee Checks Completed</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending
<b>Outcome</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Pending Further Information
<b>Program Coordinator Name</b>	
<b>Signature / Date</b>	

**Comments:**

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