

IFYS School Mentoring Program

Volunteer Application Form 2.0

Personal information provided on this form will be handled in a manner consistent with applicable Privacy Laws.

Section A

Full name:.....

Any previous name(s):

Date of Birth:

Gender: Male / Female

Home Address:

.....

Length of time at current residence:

Phone: (Hm) (Mob).....

Email:

If you have been living at your current address for less than one year, please note your previous address:

.....

Length of time at this address:.....

Emergency contact: Name:

Relationship:.....

Phone: (Hm) (Wk).....

(Mob)

Do you hold a current working with children Blue Card? Yes / No (circle one)

If yes, what is your card number expiry date.....

(We will need to sight and take a photocopy of your card. If you don't hold a blue card we can arrange an application for you. Allow 6 – 8 weeks)

Referees: Please provide details of two individuals that we can contact as character referees.

Referee # 1.

Name:.....

Relationship to you:

Address:.....Post code.....

Day time phone number:..... Mobile phone.....

Email:

Referee # 2.

Name:.....

Relationship to you:

Address:.....post code.....

Day time phone number:..... Mobile phone.....

Email:

Section B

How did you learn/hear about the IFYS Mentoring Program?

.....

Have you previously applied to be a mentor or volunteer working with young people? Yes / No

If yes, which year did you volunteer and with which agency?.....

Section C

Occupation (please circle): Employed Student Home Duties Unemployed Retired

Name of Employer:

Length of time with current employer:

Work Address:

.....

Occupation:

Can we contact you at work? Yes / No

Telephone (Wk):

Please indicate your availability for an interview

Please list previous employment (including positions held, name of employers and dates):

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Please list voluntary work (including position held, name of organisation and dates):

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Section D

What is your current relationship status?

Do you have any children? Yes / No

Number of children:.....

Ages of boys:

Ages of girls:

Section E

Volunteers may be matched with young people from a similar cultural and/or religious background.

Background (cultural/religious):.....

Languages spoken:.....

Section F

Volunteers are required to find their own way to the school/mentoring site.

Do you have a current Driver’s Licence? Yes / No

Driver’s Licence number: Expiry date:.....

Do you own or have access to a vehicle? Yes / No

Section G

Do you have any health conditions or disability which may impact upon your involvement in the program?
Yes / No

If yes, please specify:

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.....
.....

Section H

Some laws prevent people from working with young people if they have certain criminal convictions. IFYS also seeks to protect the safety of young people by excluding applicants with certain criminal convictions.

1. Have you been arrested, charged or convicted of any criminal offence and/or have any charges pending? If yes, please specify:

.....
.....

2. Is there anyone a young person may have contact with whilst in your care who has been arrested, charged or convicted of any criminal offence and/or has any charges pending? If yes, please specify:

.....
.....

3. Do you consent to undertaking a National Criminal Record Check and Working with Children Check (Bluecard Checks)?

Yes / No

NB. If you choose not to consent to such checks, IFYS will not be able to consider your application. Any offer of a voluntary placement will be subject to a satisfactory NCRC and WWCC (Bluecard Check).

Section I

Please name all clubs, groups or organisations to which you belong or are a member:

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Why do you want to become a mentor?

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What do you hope your friendship with a young person will achieve?

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.....
.....

Is your household, or other significant persons to you, supportive of you becoming a mentor? Yes / No

Please list some of your hobbies and interests which may be of interest to a young person:

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.....
.....

Section J

Do you sincerely feel you can meet the minimum commitment of 1.5 hours per week during each school term for 1 year? Yes / No

Are you anticipating any changes to your circumstances in the next year that may impact upon your match (e.g. marriage, moving residence, employment, children etc.)? Yes / No

If selected, do you agree to maintain regular contact with staff for support and supervision? Yes / No

Do you agree to participate in training? Yes / No

Do you agree to undertake a 100 Point Identity Check? Yes / No

Is there anything else that IFYS should know about you that would help us with assessing your application?

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Section K

Are you available to assist IFYS Mentoring in other areas? Please tick.

- Fundraising
- Promotion/Publicity
- Volunteer Recruitment
- Administration
- Event Management
- Other (please specify)

Privacy Notice and Authorisation for Release of Personal Information

All personal information will be collected and handled by IFYS in accordance with our Privacy Policy.

Collection

The personal information (including sensitive and health information) that is collected by IFYS is information necessary for its functions and activities. In particular, it is necessary to:

- Assess suitability
- Establish matches
- Promote health and safety
- Promote the best interests of the child; and
- Protect the longevity of matches.

IFYS may request disclosure of personal information during the application and selection process and from time to time during participation in the program. If you do not provide this information, we may not be able to process your application or you may be removed from the program.

Where you provide personal information about other people, you must ensure that those people are aware that this information is being collected and used by IFYS for its functions and activities.

Disclosure

Generally, your personal information will be kept in the strictest confidence. However, relevant information will be released in limited circumstances where:

- a) disclosure is consistent with the primary purposes for which the information was collected;
- b) where you have provided your consent to the disclosure of such information; or
- c) where the law otherwise requires or authorises us to disclose that information.

For example, your personal information may be disclosed to parents and/or guardians with a direct responsibility for a mentee who is actively being considered for a match with you. Your name will be kept confidential until you are matched to a mentee.

We may also provide personal information about individuals to IFYS service providers or others who assist us in providing services, including (amongst others) legal or professional advisers, insurers, law enforcement agencies, welfare and community agencies, other partnering Agencies, therapists, physicians or hospitals.

Authorisation

- I acknowledge that it is necessary for IFYS to collect personal information about me in order to discharge its functions and activities.
- I undertake to co-operate with the collection of personal information during the selection process and, if I am accepted into the program, as required from time to time.
- I understand that I am required to inform IFYS of any changes to my circumstances during involvement in the program.

- I understand that a failure to disclose personal information may result in IFYS refusing to accept my application or removing me from the program.
- I hereby authorise any agencies, individuals or other entities such as (but not limited to) past or present employers, educational institutions, law enforcement agencies, social services, other IFYS Agencies and other such entities with which I have had contact, to release any information about or relating to me and requested by IFYS which may be relevant to my involvement with IFYS.
- I agree that a photocopy of this authorisation is sufficient evidence of my consent to the release of any information about or relating to me to IFYS.

Optional Consent for Evaluation and Research

From time to time, IFYS conducts research into its services, in order to improve and report on those services. Sometimes this research can be conducted using de-identified information, however on other occasions it is preferable for personal information to be used. By providing the consent below, you can contribute to improving the effectiveness of this research.

By circling “I agree” below, I agree to personal information (including sensitive and health information) held by IFYS about me being used and disclosed by IFYS and its research providers for the research purposes described above. I understand that research providers will be subject to confidentiality obligations and that my personal information will not be included in the published findings of that research without my further consent.

(Please circle) **I agree / I don't agree**

Name of applicant:

Signature of applicant:.....

Date:...../...../.....