



## MENTOR EXPRESSION OF INTEREST

**FULL NAME:**

**GENDER:**

MALE

FEMALE

UNSPECIFIED

**MOBILE:**

**EMAIL:**

**PROGRAM YOU WOULD YOU LIKE TO MENTOR FOR:**  L2P  MATES

**CURRENT SITUATION:**

RETIRED

EMPLOYED (FULL TIME)

EMPLOYED (PART TIME/CASUAL)

LOOKING FOR WORK

OTHER (PLEASE SPECIFY)

**HOW DID YOU HEAR ABOUT OUR MENTOR PROGRAMS?**

**WHY DO YOU WANT TO BECOME A MENTOR?**

**REFEREES** (Please provide details of two referees we can contact for character references)

**REFEREE ONE**

**NAME:**

**PHONE:**

**ADDRESS:**

**RELATIONSHIP TO APPLICANT:**

**LENGTH OF TIME KNOWN:**

**REFEREE TWO**

NAME:  PHONE:

ADDRESS:

RELATIONSHIP TO APPLICANT:

LENGTH OF TIME KNOWN:

**CURRENT WORK DETAILS (IF APPLICABLE)**

ORGANISATION NAME:

POSITION HELD:

ADDRESS:

CONTACT PHONE:

**WORK EXPERIENCE** (Please list any previous relevant work experience.)

NAME COMPANY/ ORGANISATION	POSITION HELD/ YEAR	EMPLOYMENT/ INVOLVEMENT
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**COMMUNITY INVOLVEMENT/ LEADERSHIP EXPERIENCE**

(Please list any courses or experience you have that may enhance your role as a mentor, eg. scout/guides leader, teacher's aide, sport coach.)

TYPE OF EXPERIENCE	YEAR/S
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SIGNED:  DATE:  /  /