



VOLUNTEER MENTOR APPLICATION FORM

Legal Name: _____ DOB: _____

Street Address: _____ PO Box: _____ City: _____

Postal Code: _____ Phone (H): _____

Phone (W): _____ Cell: _____

Email: _____

Place of Employment: _____ Occupation: _____

May we contact you at work? YES NO

Are you able to mentor during school hours? YES NO

Can you commit to mentoring for a minimum of one hour a week for one school year? YES NO

Where did you hear about the Bow Valley Mentoring Program?

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Poster |
| <input type="checkbox"/> Display window | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Website |

Training and Experience

Describe any relevant skills or interests you will bring to this program.

What experience do you have working or volunteering with children or youth?

Describe your previous volunteer experiences, if any.

Why would you like to mentor? (Use the back, if necessary)

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If you have any questions regarding the collection and use of this information, please contact the Town of Banff Records Officer 403.762.1209



MENTOR INTERESTS

The information contained in this form will be reviewed by the Bow Valley Mentoring Program coordinators and may be shared with school contacts for the purpose of mentor-student matching. Information from this form may also be used as part of the Bow Valley Mentoring Programs annual evaluation.

PERSONAL

How would you describe your personality? _____

Please list your hobbies and interests: _____

Do you speak more than one language? If so, what languages do you speak? _____

Where have you lived and or traveled? _____

What were your favourite things to do as a child/youth? _____

Where did you grow up? _____

Is there anyone who "made a difference" for you when you were growing up? _____

Any other comments: _____

I agree. Name _____ Signature _____

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PREFERENCES

Please give us some idea of which type of student you feel you would be most suited to work with:

- Elementary High School Junior High
 Male Female No preference

A student's personality (i.e. high energy, outgoing, quiet, shy)

A student's academic ability (i.e. average, struggling, gifted)

A student's career goals (i.e. university, college, trade or other)

What activities would you like to do with your student? _____

Are there any special skills you would like to share with your student? (arts, sports, cooking, writing etc.).

I _____ hereby authorize verification of all statements herein and release the Bow Valley Mentoring Program and all others from liability in connection with the same. The information supplied by me in this application is true and complete. I understand that incomplete applications will not be considered and that providing false information is grounds for immediate disqualification from the program. This application does not constitute an obligation on my part or on the part of Bow Valley Mentoring Program. All information supplied to Bow Valley Mentoring Program will be held in confidence.

I agree

Signature: _____ Date: _____



REFERENCES

Attached are two reference forms for you to give to your referees. Please list below the names and phone numbers of the references you will be using. Please provide one work/volunteer reference and one personal reference. These references should not be family members and should have known you a minimum of two years.

Please ask your references to send their completed forms DIRECTLY TO:

Community Services, Banff Town Hall
ATTN: Heather Breen
110 Bear Street, Box 1260
Banff, AB T1L 1A1
heather.breen@banff.ca Or FAX:
403.762.1264

Thank you.

WORK/VOLUNTEER:

Name: _____ Phone: _____

PERSONAL:

Name: _____ Phone: _____

Consent to verify references

I _____, hereby authorize the above named referee(s) to provide a reference in connection with my application for the position of mentor with the Bow Valley Mentoring Program and release them from any liability in regard to the same. I agree, the reference forms must be sent directly to Community Services by my referee.

Signature: _____ Date: _____

The Town of Banff Community Services will contact references at a later date for further information about the applicant.

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VOLUNTEER MENTOR REFERENCE FORM - Work/Volunteer Reference

Bow Valley Mentoring Program Volunteers act as mentors to students in Grades 2-12. Mentors spend one hour per week one-on-one with students during school hours. Mentors listen to the students, provide friendship, guidance, and support while participating in a variety of activities. Please return your completed form either:

-by email to heather.breen@banff.ca

-by fax to 403.762.1264, or

-in person or by mail to :

Heather Breen
Community Services, Banff Town Hall
110 Bear Street, Box 1260
Banff, AB T1L 1A1

Volunteer Applicant's Name: _____

How long have you known the applicant, and in what capacity? _____

Please comment on the applicant's best qualities. _____

Do you feel the applicant would be a positive role model for a young person? Please explain why. _____

Does the applicant follow through on his or her commitments and obligations? How so? _____

Please comment on the applicant's ability to adapt to new situations. _____

Can you think of anything that might hinder the applicant's ability to work one-to-one with a student? Why? _____

Would you personally recommend this applicant to work unsupervised with children? Please explain. _____

Is there anything else you would like to add? _____

The Bow Valley Mentoring program follows up all references with a telephone call. Thank you.

Reference Name: _____ Phone#: _____

Reference Signature: _____ Date: _____

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