



PO Box 388, Westport  
Telephone: 788 8065 Fax: 788 8066

### Mentor Application Form

Name: (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
(First Names) (Surname)

Other names known by (previous married/maiden names etc) : \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ mobile: \_\_\_\_\_ Work Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

**Ethnic Group** (please circle – this is optional but it can help in matching you with a child)

Maori iwi/hapu (if known) \_\_\_\_\_

European /Pakeha Pacific Island \_\_\_\_\_ Other \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Female  Male

How much time do you estimate that you can give to the programme each week: \_\_\_\_\_ hours

What times do you have available?	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently studying full-time/part-time? Yes  No

Are you currently employed? Yes  No

If 'yes', name of Employer or Training Institution: \_\_\_\_\_

Please list previous types of paid and voluntary work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list your hobbies and interests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a current Drivers Licence? Yes  No

Access to a Car? Yes  No

Drivers license Number: \_\_\_\_\_

Please list any driving convictions: \_\_\_\_\_

Have you ever been convicted of an offence? Yes  No

Any criminal charges pending? Yes  No

If 'yes' to either of the above, please give details: \_\_\_\_\_  
 \_\_\_\_\_

If 'yes', what has been done to address this offending? \_\_\_\_\_  
 \_\_\_\_\_

NB. Depending on the nature and recency of the offence a criminal conviction may not preclude a person becoming a mentor.

Please nominate **THREE** referees who have known the applicant for at least two years. Include one referee from the **FIRST** category, one from the **SECOND** and one other from any category.

1. Work (paid or voluntary) colleague or supervisor, or for recent school pupils, a school staff member
2. Someone outside your family who has observed you dealing with children
3. Non-family friend or colleague
4. Family/Whanau
5. Other referee as agreed by Big Brothers Big Sisters Coordinator.

**NB. It is important that you inform the referees they will be contacted regarding your application**

**Referee 1 (Work colleague or supervisor, or school staff member)**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

**Referee 2 (Someone who has observed you dealing with children)**

Name: \_\_\_\_\_ Address \_\_\_\_\_

Phone: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

