



Veterans Mentoring Program Volunteer Mentor – Application Form

Application date: _____

The information collected on this form is to be used as part of the evaluation process of becoming a Volunteer Mentor for SHINE for Kids. Should you be successful, this information shall be kept on file as a record.

Children have the right to be protected from all kinds of harm. SHINE for Kids is committed to creating and maintaining a safe environment for children and young people and conducts comprehensive background checks for all applicants

If you have any difficulties completing this form or would like to know more please contact the Veterans Employment Program: VeteransEmployment@dpc.nsw.gov.au.

<input type="checkbox"/>	I wish to apply to volunteer with the SHINE for Kids Co-op Limited.
<input type="checkbox"/>	I am a past /current member of the Australian Defence Forces.
I nominate the following individual / agency to endorse my application:	
<input type="checkbox"/>	NSW Government Veterans Employment Program _____
<input type="checkbox"/>	My current commanding officer or officer commanding (name): _____

Personal Details:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: FEMALE / MALE

Residential Address: _____

Town / Suburb: _____ State: _____ Postcode: _____

Home phone: _____ Mobile: _____

Work phone : _____ Email address: _____

What is your preferred method of contact? _____ Can we contact you at work? YES / NO

Do you identify as ABORIGINAL or TORRES STRAIT ISLANDER? (Please circle)

What is your cultural background? _____

Language(s) spoken? _____

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Background checks

To be eligible to become a mentor you are required to have a current NSW Working With Children Check. Please provide your number: _____

If you need to obtain a Working With Children Check, please apply for one [here](#). You will need this prior to submitting your form.

Have you ever had an Apprehended Violence Order (AVO), Domestic Violence Order (DVO) or Personal Violence Order (APVO) issued against you? **YES / NO**

If yes, please give details: _____

Have you at any time been the subject of any complaints, investigations (police or disciplinary) or legal proceedings that may affect your suitability to be a volunteer in roles relating to children. This includes any complaints, investigations or proceedings relating to offences against children, any sexual offences or acts of violence (whether or not you were charged, convicted or had the complaint substantiated). **YES / NO**

If yes, please give details:

Do you have any medical condition (physical or mental) or disability that may need to be taken into account in your role as a volunteer mentor for SHINE for Kids? **YES / NO**

If yes, please give details:

What distance would you be prepared to travel? (When answering this question please consider the method of transport you would likely utilise getting from your own residence to the client, day out and the return trip).

What personal characteristics do you have, which in your opinion, would make you a good mentor?

What would you like to get out of mentoring a young person?

What difference in the life of a young person are you hoping to make by becoming a mentor?

Your availability

To become a Volunteer Mentor you will need to commit to and be available approximately 4 hours per fortnight for twelve months. Are you are to commit to this amount of time? **Yes / No**

What is your main occupation? _____

Part of your role as a Volunteer Mentor to a young person may be to visit the young person whilst they in custody in a Juvenile Justice Centre. Are you able to do this? **Yes / No**

You will be required to attend a two day training course to prepare you for being a Volunteer Mentor and attend other training during the year. Are you willing to attend training? **Yes / No**

On which days are you likely to be available to volunteer with us? *Please specify if you are available all day or just in the morning, afternoon or evening*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Referees

Please provide us with two referees who are able to provide us with information about you. The referees you provide must have known you personally for a minimum of 3 years and must NOT be an immediate family member.

1. Referee Name: _____

Phone Number _____

Your relationship to this person _____

2. Referee Name: _____

Phone Number: _____

Your relationship to this person: _____

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Please tick the box after reading each point to acknowledge your acceptance of the following:

- I am aware that I must be interviewed and will be required to complete training with SHINE for Kids before commencing as a mentor
- I am aware that if I commence volunteering I must agree to adhere to SHINE for Kids' policy and procedures, including its Code of Conduct, and policies and procedures regarding Child Protection, Security, Work Health and Safety, Confidentiality and Privacy
- I understand that before I can volunteer with SHINE for Kids I must successfully pass employment checks such as reference checks, Working with Children Check and National Police Record Check.
- I acknowledge that I will be covered by Volunteer Personal Accident Insurance whilst undertaking any authorised volunteer work with SHINE for Kids

Applicant's signature: _____ **Date:** _____

Endorsement by Commanding Officer or Officer Commanding (for currently serving members):

Name: _____ **Rank:** _____

Signature: _____ **Date:** _____

Please send your completed Application Form along with your résumé to:

VeteransEmployment@dpc.nsw.gov.au