



# Spirit of the Children Society Mentoring Program

Areas: Burnaby, New Westminister & Tri-Cities: Coquitlam, Port Coquitlam & Port Moody

# 201 – 768 Columbia Street  
New Westminister, BC V3M 1B4  
Phone: 604-524-9113  
Fax: 604-524-9124

## Volunteer Application

The information you provide will be maintained as a confidential, secure record.

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Cell/Page: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home fax: \_\_\_\_\_

Best time call/contact you at home: \_\_\_\_\_

Length of time at present address: \_\_\_\_\_

Previous address if less than 2 years at present address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Birth Place: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of time at present job: \_\_\_\_\_

Work Hours: \_\_\_\_\_ is it convenient to phone you at work? Yes \_\_\_\_ No \_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Web address: \_\_\_\_\_

Please describe your employment history in the last 10years and length of stay at each job:

Cont... \_\_\_\_\_

First language: \_\_\_\_\_ Other languages (incl. Sign language): \_\_\_\_\_

Marital Status:

Single: \_\_\_\_ Married: \_\_\_\_ Divorced: \_\_\_\_ Widowed: \_\_\_\_ Separated: \_\_\_\_ Common Law: \_\_\_\_

Children, if any: M / F Age \_\_\_\_ M / F Age \_\_\_\_ M / F Age \_\_\_\_ M / F Age \_\_\_\_

Do you live alone? Yes \_\_\_\_ No \_\_\_\_

**If no who do you share your living space with?** (Please not that your live-in spouse/partner will be required to undergo a Criminal Records Check if you are accepted as a Mentor. Also please inform us if anyone else you live with has a criminal record. The presence of someone in your household with a criminal record does not disqualify you from becoming a Mentor, depending on the nature of the offence(s).)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

How is your past and present health? \_\_\_\_\_

Do you smoke? Yes \_\_\_\_ No \_\_\_\_

If yes, are you willing to refrain while in the presence of your Mentee? Yes \_\_\_\_ No \_\_\_\_

How did you hear about Spirit of the Children Society: Mentoring Program? \_\_\_\_\_

What are your reasons for wanting to become a Mentor with Children of the Spirit Community Mentoring Program? \_\_\_\_\_

Have you volunteered with any other child/youth-serving agency before? If so when and where?

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What qualities do you have to offer to a Mentee. \_\_\_\_\_

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What do you want out of the mentoring relationship, what are your hopes? \_\_\_\_\_

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Describe the Mentee you would prefer to be matched with. \_\_\_\_\_

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How do you deal with conflict? \_\_\_\_\_

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What challenging behaviours of a Mentee would be difficult spending time with?

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Please list other commitments other than employment (including courses night/day, other volunteer time, sports, part-time work, clubs, committees, associations, socials etc.)

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When are you free to spend time with your Mentee? Be specific. \_\_\_\_\_

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**Personal Reflections:**

As you think back on your early child/youth years, do any adults stick out in your mind? Who were the adults who really made a positive difference in your life? Make a list of them.

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What was it that made each of them a great mentor? What did these important people have in common?

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What might these experiences teach you about how you want to be as a mentor? What lessons can you take away from these role models? \_\_\_\_\_

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What are your beliefs about children and youth?

Children: \_\_\_\_\_

Youth: \_\_\_\_\_

Think back to your child and youth days – who around you gave you feedback on how you were doing (family, school, at sports, friends etc)

Childhood: \_\_\_\_\_

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Youth: \_\_\_\_\_

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How was their feedback – whether it was called discipline, or advice, or coaching/wisdom, or scolding – feel? Write down words that describe how you felt about the feedback you received from adults when you were a child and youth.

Childhood: \_\_\_\_\_

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Youth: \_\_\_\_\_

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Think of that one person in your life who proved best at helping you see how you were doing and how you might improve without shaming you or making you feel defeated – write his or her name, what do you remember about s/he's approach?

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How do you deal with sadness? \_\_\_\_\_

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Describe your family composition and briefly share about your family relationships/dynamics as a child, youth and adult:

Childhood years: \_\_\_\_\_

Adolescent years: \_\_\_\_\_

Adult and current: \_\_\_\_\_

Do you anticipate any changes in residence, education, business, health, or domestic status in the next year? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Do you have valid B.C. Driver's License: Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to do a Drivers Abstract? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have access to a vehicle: Yes \_\_\_\_\_ No \_\_\_\_\_

Does the car have a passenger side air bag? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a current certificate in: Food-safe \_\_\_\_\_ CPR/First-Aid \_\_\_\_\_

**These are not required in order to be a volunteer**

How far are you willing to travel? \_\_\_\_\_

Have you ever been charged with any driver violations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

Have you ever been charged with a criminal offence or been involved with the police?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain

**What time commitment is suitable for you?**

3 to 5 hours a week for one year: \_\_\_\_\_

3 to 5 hours every two weeks for one year: \_\_\_\_\_

Part of the acceptance process is to attend an orientation, orientations are held during the weekday evenings, will this work for you: Yes \_\_\_\_No \_\_\_\_

If no, please explain: \_\_\_\_\_

What time/days are you available for an interview?

\_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please return to the Mentoring Coordinator - Spirit of the Children Society, Thank you.**