



Mentorship Program - Volunteer Mentor Application

Ph: 604.254.7732 Fax: 604.254.7811

mentorship@unya.bc.ca

Applicant Contact Information

Name/Pronouns	
Address	
City, Province	
Postal Code	
Phone	
E-Mail Address	

How did you hear about this volunteer opportunity?

- ☐ Online
- ☐ Print ad
- ☐ Radio
- ☐ Other: _____

Please indicate if you have any experience with Indigenous cultures or with Indigenous communities. If so, please describe.

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What volunteer or related work experience do you have?

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Why do you want to volunteer as a mentor with the Mentorship Program?

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In your opinion, what types of supports do youth in our community require in order to be successful?

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As a mentor, what role do you see yourself playing in the youth's life? Please underline one:

(a) Peer (b) Sibling (c) Parent/Guardian (d) Grandparent

Please explain your choice:

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Are you currently attending school? If yes, what are you studying?

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Where do you see yourself in one year's time?

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What skills/hobbies/interests do you have that you would like to share with a youth?

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Please indicate:

	Yes	No
Will you have any problems obtaining a clean criminal record check?		
Have you lived outside of Canada within the past 2 years?		
Are you able to commit 2-4 hours per week for a minimum of 1 year?		
Do you have a valid BC Driver's License?		
Do you have access to a vehicle?		

During which hours are you available to meet a youth?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Emergency Contact

Name	
Relationship	
City, Province	
Phone	
E-Mail Address	

References (please complete ALL fields)

Reference 1 – Present or Past Employer

Name	
Relationship	
City, Province	
Phone	
E-Mail Address	

Reference 2 – Present or Past Employer, Professor, Teacher or Other Professional

Name	
Relationship	
City, Province	
Phone	
E-Mail Address	

Reference 3 – Personal/Character Reference (NO relatives, in-laws or significant others)

Name	
Relationship	
City, Province	
Phone	
E-Mail Address	

Volunteer Applicant Permission and Release

I acknowledge and accept that this application does not guarantee acceptance into this program, and that Urban Native Youth Association is under no obligation to accept or assign me as a Volunteer Mentor.

I hereby authorize Urban Native Youth Association to contact any or all of the references I have listed above for the purposes of processing my application to become a Volunteer Mentor with the Mentorship Program. I understand that these references will be contacted in confidence.

The implications of this waiver have been explained to me and I acknowledge, understand and consent to them. I further acknowledge that this waiver is signed of my own free will.

Applicant Printed Name	
Applicant Signature	
Date Signed	

**Please submit the completed application along with a copy of your current resume and cover letter to: Attention: Mentorship Program Manager
Email: mentorship@unya.bc.ca OR Fax: 604.254.7811**