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## Mentorship Program - Volunteer Mentor Application

Ph: 604.254.7732 Fax: 604.254.7811

[mentorship@unya.bc.ca](mailto: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.

### What volunteer or related work experience do you have?

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

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

**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?**

- \_\_\_ Weekday mornings                      \_\_\_ Weekend mornings  
\_\_\_ Weekday afternoons                    \_\_\_ Weekend afternoons  
\_\_\_ Weekday evenings                      \_\_\_ 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](mailto:mentorship@unya.bc.ca) OR Fax: 604.254.7811**