



Mentorship - Volunteer Mentor Application (Volunteering with 12-15 year old youth)

Ph: 604.254.7732 Fax: 604.254.7811 mentorship.manager1@unya.bc.ca

Applicant Contact Information

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

We require Mentors to be at least 21 years of age to Volunteer. Are you 21 years or older?

Are you able to communicate fluently in English?

Do you self-identify as Indigenous, Metis or Inuit? Please put an x beside your choice

- Indigenous**
- Metis**
- Inuit**

How did you hear about this volunteer opportunity?

- UNYA website**
- Volunteer recruitment sites**
- Career fairs**
- Community events**
- Referral (friend/relative)**
- 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:

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

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

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

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?		
How far are you willing to travel to meet?		

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 |

Please keep in mind most of our youth are in school during the week day

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 to:
Attention: Mentorship Program Manager
Email: mentorship.manager1@unya.bc.ca**