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## Mentorship - Volunteer Mentor Application (Volunteering with 16-18 year old youth)

Ph: 604.254.7732 Fax: 604.254.7811 [mentorship.manager2@unya.bc.ca](mailto:mentorship.manager2@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.manager2@unya.bc.ca](mailto:mentorship.manager2@unya.bc.ca)**