

**Maribyrnong and Moonee Valley LLEN**

**BECOME A MENTOR**

**EXPRESSION OF INTEREST**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Main phone |  | Alternate number |  |
| Email address |  |
| Date of birth |  | Gender |  |
| Languages spoken |  |
| Any special dietary requirements? | Please specify |

**IMPORTANT: WORKING WITH CHILDREN CHECK & POLICE CHECK**

I understand that I am required to obtain a Working with Children Check and a Police Check to be able to work as a volunteer mentor at a MMVLLEN program.

**RESUME**

You are required to provide a resume to support your application.

**We’d love to know how you found out about us – please indicate below by placing an X in the relevant box**

|  |  |  |  |
| --- | --- | --- | --- |
| Moonee Valley Leader |  | Community News |  |
| Ethical Jobs |  | Volunteer West |  |
| MMVLLEN Website |  | Friend/ Family |  |
| Other – please specify |  |

**Please provide answers to the following to assist in the assessment process of your expression of interest to be a mentor with MMVLLEN**

|  |  |
| --- | --- |
| Are you able to work with young people during weekday business hours? |  Y/N |
| Can you commit to a minimum of 2 hours per fortnight for up to 9 months?\* |  Y/N |
| Are you prepared to travel to the Western Suburbs of Melbourne? |  Y/N |

\* you can still go on a holiday, but you will need to inform the mentee and the coordinator

|  |
| --- |
| **Why would you like to be a mentor?** |
|  |
|  |
| **What does being a mentor mean to you?** |
|  |
|  |
|  |
| **What are your interests?** |
|  |
|  |
| **Please describe your experience (if any) of working with young people and/or people considered marginalised:** |
|  |
|  |
|  |

**REFEREES:** contact details for **2 referees** is required –please provide below

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Contact numbers | Mobile | Contact Numbers | Mobile |
| alternate | alternate |
| Address |  | Address |  |
| Relationship  |  | Relationship |  |

**EMERGENCY CONTACT DETAILS:** please provide details for at least one person

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Contact numbers | Mobile | Contact Numbers | Mobile |
| alternate | alternate |
| Address |  | Address |  |

**PLEASE EMAIL COMPLETED FORM AND RESUME TO:**

Laura Buerckner – Youth Internships Coordinator: laurabuerckner@mmvllen.org.au