



## Mentor Application and Placement Form

448 Tranquille Road, Kamloops, BC, V2B 3H2

Ph: (778) 470-6101

Fax: (778) 470-6102

Name: \_\_\_\_\_  
First Name Last Name

Home address: \_\_\_\_\_  
Street Address City Province Postal Code

E-mail address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Mobile Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Name Phone Number

How many hours/week are you wanting to volunteer: \_\_\_\_\_

Availability: (Please mark with an X when you are able to volunteer)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

Skills you can share: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

—

Previous mentoring experience: \_\_\_\_\_

\_\_\_\_\_

Education and special training: \_\_\_\_\_

\_\_\_\_\_

Language spoken: \_\_\_\_\_ Written: \_\_\_\_\_

Interests/Hobbies: \_\_\_\_\_

Frequency: How often?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings							
Afternoons							
Evenings							

How would you like to communicate with your mentee?

- Phone    Email    Text messages    In person    Facebook    Other

Why would you like to become a mentor for this agency?

---

---

---

A Criminal Record Check is mandatory (free to you).

Please indicate if you are agreeable to a criminal record check:                       Yes                       No

---

---

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Comments:

---

---

---