



#200 – 11965 Fraser Street
Maple Ridge, BC V2X 8H7
Telephone: 604-476-2821
Facsimile: 604-463-6057
Website: www.plea.bc.ca

KidStart Mentoring Program

FOR OFFICE USE

INT _____
REF _____
REF _____
REF _____
CPIC _____

VOLUNTEER MENTOR APPLICATION

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone (Home): _____ (Cell): _____

Can you be contacted at work? Yes No What is the best time? _____

Work Telephone: _____ E-Mail: _____

Volunteer Mentors *must be at least* 19 years old to work with youth who are 12 years old or younger, and *at least 21 years old* to work with youth who are older than 12. Please indicate the age group you are qualified and interested in working with:

Youth 12 and under Youth older than 12

Occupation: _____

Please briefly describe your employment history: _____

Are you presently attending school? _____ If yes, what is your field of study? _____

What was your last level of education completed? _____



What is your experience as a volunteer? _____

How are you involved in your community? _____

What are your reasons for choosing to volunteer with KidStart and what are you hoping to achieve?

What do you believe that young people need most to succeed in today's world? _____

Are you willing to volunteer for approximately 3 hours a week, for 6 months or more? _____

What are your other time commitments? (i.e. work, sports teams, other volunteering, etc.)

Do you speak a second language? Yes No If yes, what language(s)? _____

Do you have a valid BC Drivers License? Yes No Do you have access to a vehicle? Yes No

What are your hobbies and interests? _____

How did you hear about the KidStart Mentoring Program? _____

REFERENCES: (**NO** relatives please)

1. PRESENT OR PAST EMPLOYER

Name: _____ Telephone: _____

Address: _____

City: _____ Postal Code: _____

Relationship to you: _____

2. PERSONAL ACQUAINTANCE

Name: _____ Telephone: _____

Address: _____

City: _____ Postal Code: _____

Relationship to you: _____

3. FAMILY DOCTOR OR OTHER PROFESSIONAL

Name: _____ Telephone: _____

Address: _____

City: _____ Postal Code: _____

Relationship to you: _____

Thank you for taking the time to complete this application. Please call one of the Volunteer Coordinators to schedule an interview. It is important that you remember to bring your completed application form with you to your interview.