

# Mentor Expression of Interest Form

## Personal Details

First Name			
Surname			
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Trans/Gender Diverse <input type="checkbox"/> Prefer not to say		
Home Address	Suburb:	Postcode:	
Email			
Home Phone		Mobile	
Preferred contact number			
Date of Birth			
Occupation			
Do you have any existing medical conditions that may affect your participation in this program and/or your ability to drive?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (please list below)			
Are you of Aboriginal or Torres Strait Islander descent?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander			
Do you speak another language other than English?			
<input type="checkbox"/> No <input type="checkbox"/> Yes                    If yes, what language?			
Licence Number		Expiry Date	
Learner driver gender preference	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference		

### Emergency Contact

Name			
Relationship to you			
Home Address			
Home Phone		Mobile	

### References (known to applicant for min 12 months, and must not be family members)

<b>1</b>	Name	
	Organisation	
	Relationship	
	Phone	
<b>2</b>	Name	
	Organisation	
	Relationship	
	Phone	

### Availability (please indicate your availability for volunteering)

Day		Available Time(s)
Monday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Thursday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Friday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Saturday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm
Sunday	<input type="checkbox"/>	<input type="checkbox"/> 7-9am <input type="checkbox"/> 9-12pm <input type="checkbox"/> 12-3pm <input type="checkbox"/> 3-5pm <input type="checkbox"/> 5-7pm <input type="checkbox"/> 7-10pm

Why are you applying to be a mentor with the TAC L2P Program?

**Conditions of Volunteering**

I agree to undertake all training relevant to the TAC L2P Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to commit one year to the program at a minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to commit to ___ hours per week/fortnight.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am accepting of young people from challenging backgrounds and behaviours	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to take on a coaching role rather than an instructing role	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to undertake a Working with Children Check (Volunteer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have never been the subject of an accusation of sexual misconduct.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
Given the special nature of the mentor program, I understand and accept that, if I am accused of sexual misconduct or inappropriate behaviour, I may be asked to leave the mentorship program.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to undertake a Police Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the L2P Coordinator to undertake a Driver Licence History Report on my behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that I have never been banned or dismissed from another TAC L2P Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my information to be shared with the Department of Transport for reporting purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photos taken of me participating in TAC L2P Program to be used for promotion purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information in this form is for the purpose of registering you as a volunteer with the TAC L2P Program. The information will be used for this purpose only and will not be disclosed to other organisations unless required to do so by law.

**Clear Form**