

L2P Volunteer Mentor Application Form

Please return this form to the L2P Project Officer via email: **L2P@mcm.org.au**
PO Box 175, Balacava, 3183
Please call **0421 976 629** for any queries.

Your personal details				
Surname			Title	
Given names			Date of birth	
Address				
Phone numbers	Home		Mobile	
Email address				
Your emergency contact details (e.g. next of kin)				
Name			Relationship	
Address				
Phone numbers	Home		Mobile	
Volunteer entitlement				
Are you a citizen of Australia or New Zealand or a permanent Australian resident?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If you are not a citizen of Australia or New Zealand please indicate the type of visa you possess for Australia (evidence will be required)				
Occupation:				
Qualifications:				
Pre-existing injury, disease or condition				
Do you have any pre-existing injury or illness that may be affected by the duties of this volunteer position (as outlined in the position description)?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If "Yes", please provide details				
Please note that failure to notify a pre-existing injury or illness which might be affected by the nature of your proposed volunteering could result in that injury or illness being ineligible for future compensation/insurance claims.				

Why do you want to volunteer with the Melbourne City Mission L2P program?

Why do you think you would make a suitable mentor to a young person learning to drive?

Your availability

Monday ☐

am ☐ pm ☐

Tuesday ☐

am ☐ pm ☐

Wednesday ☐

am ☐ pm ☐

Thursday ☐

am ☐ pm ☐

Friday ☐

am ☐ pm ☐

Saturday ☐

am ☐ pm ☐

Sunday ☐

am ☐ pm ☐

How many hours are you available for per week?

Melbourne City Mission has L2P programs in three locations. Please advise which location(s) you would be available to attend as advised in the volunteer advertisement.

Sandringham ☐

South Melbourne ☐

Prahran ☐

Signature

Date

Professional referee

Name:

Position, Organisation:

Ph:

Email:

Personal referees

Name:

Relationship:

Ph:

Email:

Office Use Only

Working with Children Check

Card Number:

Expiry Date:

Card sighted:

Worker"

Police Check

Lodged:

Approved:

ID sighted:

Worker