



YOUTH ASSISTING YOUTH
THE YOUTH MENTORING PEOPLE™

Head Office 5734 Yonge Street Suite 401 Toronto Ontario M2M 4E7 **Telephone** 416 932 1919

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POLICE MENTOR APPLICATION FORM

PERSONAL INFORMATION

(PLEASE PRINT)

NAME: _____ GENDER: Male Female

DATE OF BIRTH: _____ : _____ : _____ AGE: _____ Best time to call: _____
month day year

PHONE #: Home: (____) _____ Work: (____) _____ Cell: (____) _____

ADDRESS: _____ Apt: _____ CITY: _____

POSTAL CODE: _____ Closest Major Intersection: _____

EMAIL ADDRESS: _____

ARE YOU A NEW CANADIAN? Yes No Length of time living in Canada: ____years ____months

PLACE OF BIRTH: _____ LANGUAGES SPOKEN: _____

PLEASE LIST THE NAMES OF THE PEOPLE WITH WHOM YOU LIVE AND THEIR RELATIONSHIP TO YOU.

EMPLOYER: _____ DIVISION: _____

UNIT: _____ BADGE #: _____

ADDRESS: _____ PHONE #: (____) _____

Can we call you at work? Yes No If yes, what times are best?: _____

INTERESTS

1. Why do you want to be a volunteer mentor with YAY?

2. How do you see yourself in the role of a mentor?

3. Please describe in detail any interests, hobbies or sports you enjoy:

4. Describe the activities that you engage in during your leisure time (e.g. volunteering, church, social life, memberships in organizations, etc.)

VOLUNTEER AND WORK EXPERIENCE

Please indicate any previous [volunteer] experience you have had, especially with young people (e.g. *camp counsellor, youth groups, food bank, etc.*)

Date:	Name:	Location:	
Position:	VOL: <input type="checkbox"/> PAID <input type="checkbox"/>	Supervisor:	Phone:
Duties:			

Date:	Name:	Location:	
Position:	VOL: <input type="checkbox"/> PAID <input type="checkbox"/>	Supervisor:	Phone:
Duties:			

Date:	Name:	Location:	
Position:	VOL: <input type="checkbox"/> PAID <input type="checkbox"/>	Supervisor:	Phone:
Duties:			

Date:	Name:	Location:	
Position:	VOL: <input type="checkbox"/> PAID <input type="checkbox"/>	Supervisor:	Phone:
Duties:			

HOW DID YOU FIND OUT ABOUT YAY?: _____

If through a friend who is already a part of YAY, please give their name: _____

I understand that once I am accepted as a volunteer I will be required to:

- (1) Attend a Mandatory Orientation session and relevant training.
- (2) Keep regular contact with a young person for a minimum of 1 year.
- (3) Keep in regular contact with the Case Coordinator.

To the best of my knowledge, the above information is correct and true. I understand that my signature on this application form is giving my consent for a staff member from Youth Assisting Youth to conduct a phone interview with my references and to consult with personnel at my place of employment about my application to become a Volunteer Mentor through Youth Assisting Youth.

Signature of Applicant: _____ **Date:** _____

All completed and signed applications should be mailed or faxed to Youth Assisting Youth, 5734 Yonge Street, Suite 401, Toronto, Ontario M2M 4E7. If you have any questions or problems completing this form, feel free to call the YAY Office. Our telephone number is: **(416) 932-1919**. Our fax is: **(416) 932-1924**

Thank you for applying to be a Mentor through Youth Assisting Youth.
 All applications will be handled in the **STRICTEST CONFIDENCE**