



Volunteer Mentor Application Form



SHINE for Kids

The information collected on this form is to be used as part of the evaluation process of becoming a Volunteer Mentor for SHINE for Kids. Should you be successful, this information shall be kept on file as a record.

Children have the right to be protected from all kinds of harm. SHINE for Kids is committed to creating and maintaining a safe environment for children and young people and conducts comprehensive background checks for all applicants.

If you have any difficulties completing this form or would like to know more please call (02) 9714 3000.

I am an RSL NSW member and wish to apply to volunteer with the SHINE for Kids Co-op Limited

RSL NSW Member Number: _____

RSL NSW sub-Branch Location: _____

Application Date: _____

Personal details:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: FEMALE / MALE

Residential Address: _____

Suburb: _____ State: _____ Postcode: _____

Home: _____ Mobile: _____

Work: _____ Email address: _____

What is your preferred method of contact? _____ Can we contact you at work? YES / NO

Do you identify as ABORIGINAL or TORRES STRAIT ISLANDER? (Please circle)

What is your cultural background? _____

Language/s spoken? _____

Background checks

You are required to have a current NSW Working With Children Check? Please provide your number: _____.

If you need to obtain a Working with children check – please go to <https://wwccheck.cyp.nsw.gov.au/Applicants/Application> and apply for one. You will need this prior to submitting your form.



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Have you ever had an Apprehended Violence Order (AVO), Domestic Violence Order (DVO) or Personal Violence Order (APVO) issued against you? **YES / NO**

If yes, please give details: _____

Have you at any time been the subject of any complaints, investigations (police or disciplinary) or legal proceedings that may affect your suitability to be a volunteer in roles relating to children. This includes any complaints, investigations or proceedings relating to offences against children, any sexual offences or acts of violence (whether or not you were charged, convicted or had the complaint substantiated). **YES / NO**

If yes, please give details: _____

Do you have any medical condition (physical or mental) or disability that may need to be taken into account in your role as a volunteer mentor for SHINE for Kids? **YES / NO**

If yes please give details: _____

What distance would you be prepared to travel (when answering this question please consider the method of transport you would likely utilise getting from your own residence to the client, day out and the return trip).

What personal characteristics do you have, which in your opinion, would make you a good mentor?



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What would you like to get out of mentoring a young person?

What difference in the life of a young person, are you hoping to make by becoming a mentor?

Your availability:

- To become a Volunteer Mentor you will need to commit and be available approximately 4 hours per fortnight for twelve months. Are you are to commit to this amount of time? Yes / No
- What is your main occupation? _____
- Part of your role as a Volunteer Mentor to a young person will be to visit the young person whilst they are in a Juvenile Justice Detention Centre. Are you able to do this? Yes / No
- You will be required to attend a two day training course to prepare you for being a Volunteer Mentor and attend other training during the year. Are you willing to attend training? Yes / No

Which days are you likely to be available to volunteer with us? *Please specify if you are available all day or just in the morning, afternoon or evening*

MONDAY: _____ TUESDAY: _____ WEDNESDAY: _____

THURSDAY: _____ FRIDAY: _____ SATURDAY: _____

SUNDAY: _____



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Referees:

Please provide us with three referees who are able to provide us with information about you. The referees you provide must have known you personally for a minimum of 3 years and must NOT be an immediate family member.

(1) Referee Name: _____ Phone Number: _____

Your relationship to this person: _____

(2) Referee Name: _____ Phone Number: _____

Your relationship to this person: _____

(3) Referee Name: _____ Phone Number: _____

Your relationship to this person: _____

Please tick the box after reading the point to acknowledge acceptance of that point:

- Are you aware that you must be interviewed and will be required to undergo training by SHINE for Kids before commencing volunteering with us?
- Are you aware that if you commence volunteering you must agree to adhere to SHINE for Kids policy and procedures, including its Code of Conduct, and policies and procedures regarding Child Protection, Security, Work Health and Safety, Confidentiality and Privacy?
- Before you can volunteer with SHINE for Kids you must successfully pass employment checks such as: reference checks, Working with Children Check and National Police Record Check.
- You will be covered by Volunteer Personal Accident Insurance whilst undertaking any authorised volunteer work with SHINE for Kids.

I _____ declare that the information I have provided in this application is true and correct to the best of my knowledge. I acknowledge that knowingly providing incorrect information in this application may lead to the termination of my involvement with SHINE for Kids.

Applicant's signature: _____ Date: _____



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Please send your completed Application Form along with your resume to:

The Returned and Services League of Australia (NSW Branch)
RSL and SHINE Mentoring Project
ANZAC House
245 Castlereagh Street
Sydney NSW 2000

Or email it to admin@rslnsw.org.au