

Name: _____ Date of Birth: _____

Address: _____

Post Code: _____

Email address: _____

Phone Numbers - Home: _____ Mobile: _____

Emergency Contact – Name: _____

Contact Number(s): _____

What is the best method of contacting you and at what time of the day?

Why do you want to be a mentor?

What days and times in the week are you regularly available to mentor?

The minimum commitment for mentors is 12 months. Are you able to commit to the programme for at least 12 months? _____

What interests and skills do you have that you could bring to the mentoring relationship? (e.g. dance, CV writing, tutoring, sports, arts, etc.) _____

Please outline any relevant experience you have in youth work or mentoring, including training or volunteering. _____

How did you hear about the Mentoring programme? _____

I have attended safeguarding training (Please circle): No Yes Date: _____

Please provide the names, addresses and contact details of 2 referees who have known you recently for at least 2 years to support your application. Referees must be from people of standing in the community, but not be a member of your family.

Referee 1 –

Name: _____

Relationship to you: _____

Address: _____

_____ Post Code: _____

Email: _____

Contact numbers - Home: _____ Mobile: _____

Referee 2 –

Name: _____

Relationship to you: _____

Address: _____

_____ Post Code: _____

Email: _____

Contact numbers - Home: _____ Mobile: _____

You will be required to have an enhanced Disclosure and Barring Service (DBS) check.

Have you ever had DBS check carried out? No Yes Date..... Have you signed up to the DBS update service? No Yes I give permission for Breathe to carry out an online check of my status. My certificate number is: _____

I certify that the information contained in this application is true. I understand that false information may be grounds for not recruiting me as a volunteer or for immediately terminating my volunteer work with Breathe. I authorize the verification of any or all information recorded above.

Signed _____ Date _____

Completed forms to be returned to Ruth Julius, Mentor Coordinator either by email when signed and scanned to: rjulius@breatheyouth.org.uk Or Post to: Breathe c/o 11 Princess Royal Road, Bream, Lydney, Gloucestershire GL15 6NG. **Thank you for your interest in mentoring with Breathe.**