**Volunteer Mentor Application**

To submit this application please save this document as “VMA[*your-name*]” (e.g “VMAjohnsmith) and email to transform@linxyouth.net with the subject header “Volunteer Mentor Application”

NOTE: Check boxes ([ ] ) can be marked by clicking on them

Please feel free to expand this document onto additional pages where required.

|  |
| --- |
| **Personal Details and Contact Information:** |
| This information will only be used by LiNX Christian Youth Trust and will not be passed on to third parties. |
|  |
| Title(Delete as appropriate) | Mr / Mrs / Miss / Ms / Other |  |  |  |
|  |  |  |  |  |  |
| Full Name |  |
|  |  |  |  |  |  |
| Address |  |
|  |  |  |  |  |  |
| Phone  |  |
|  |  |  |  |  |  |
| Email  |  |

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| --- |
| **Emergency Contact Information:**  |
|  |  |
| Full Name & Relationship |  |
|  |  |  |  |  |  |
| Phone |  |
|  |  |  |  |  |  |
| Any allergies or medical needs  |  |

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| **Relevant Experience:** |
|  |
| Please provide a brief outline of experience working with young people including any in a one-to-one capacity. |  |
|  **Please also complete the reverse of this form** |
| **Relevant Experience (cont.):** |
|  |  |
| Any additional information including relevant training? |  |
|  |  |  |  |  |  |
| What would be your weekly availability? |  |

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| **References:** |
| Due to the nature of the role, we require two character references. |
|  |
| **Current Church Leader** |  | **Personal Referee** |
| Name |  |  | Name |  |
|  |  |  |  |  |
| Position |  |  | Position |  |
|  |  |  |  |  |
| Phone  |  |  | Phone  |  |
|  |  |  |  |  |
| Email |  |  | Email |  |
|  |  |  |  |  |
| [ ]  **I confirm that I have received permission for the above person to be contacted by LiNX for a character reference.**  |  | [ ]  **I confirm that I have received permission for the above person to be contacted by LiNX for a character reference.**  |
|  |  |  |  |  |  |
| This role requires a valid DBS check within the last 3 years.**Please mark here if you already have this** [ ]  |

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| **Consent Information:**  |
|  |  |  |  |  |  |
| I give permission to take photographs and / or video of myself. I grant full rights to use the images resulting from the photography / video filming, and any reproductions or adaptation of the images for fundraising, publicity or other purposes to help achieve LiNX’s aims |
|  |  |  |  |  |  |
| **I understand and agree to the above** [ ]  |
|  |  |  |  |  |  |
| LiNX would like to stay in contact with those that volunteer with us and keep you informed of future events, volunteering opportunities and other information regarding the work of LiNX.If you would like to receive this information, please indicate below |
| **Post** [ ]  **Email** [ ]  **Phone** [ ]  |
| Please indicate if you would like to receive any of the following communications from LiNX |
| **Volunteering Opportunities** [ ]  **Termly Newsletter** [ ]  **Monthly Prayer Update Email** [ ]  |
|  |  |  |  |  |  |
| You can unsubscribe at any time by contacting the LiNX office directly. |
|  |  |  |  |  |  |
| Signed |  | Date |  |
|  |  |  |  |  |  |
| If you have any difficulties completing this application form, please contact the LiNX office. |
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