



Make a difference in your community by becoming a mentor to support Young People in Bexley

Mentor Application Form

**Please complete this application form to become part of the Open Doors Mentoring Programme.
Applicants must be over the age of 18**

Section 1: Personal Details

Surname.....
 First name/s..... Mr Mrs Miss Ms
 Address.....

Postcode.....
 Date of Birth.....
 Telephone (Daytime)..... (Evening)..... Mobile.....
 Email.....
 Do you have a full UK Driver's License? Yes No
 Which best describes your current employment status? (Please tick where appropriate)
 Employed Unemployed Retired Studying
 If employed, please provide the position, role and organisation name/address.....

 Please state your availability:
 Monday Tuesday Wednesday Thursday Friday
 Mornings Afternoons
 If studying, please provide information on the course and name of educational
 institute.....

 Do you have a disability? Yes No
 If yes we will contact you to make further arrangements.
 Do you have any criminal convictions? Yes No If yes, please state.....

Section 2: Ethnicity

The following information is used to monitor the take of mentors from different backgrounds

White:		Mixed:		Black or Black British:
British <input type="checkbox"/>		White and Black Caribbean <input type="checkbox"/>		Black British <input type="checkbox"/>
European <input type="checkbox"/>		White and Black African <input type="checkbox"/>		Caribbean <input type="checkbox"/>
Irish <input type="checkbox"/>		White and Asian <input type="checkbox"/>		African <input type="checkbox"/>
Other		Other.....		Other.....
Asian or Asian British:		Chinese or British Chinese:		
Indian <input type="checkbox"/>		Chinese <input type="checkbox"/>		
Pakistani <input type="checkbox"/>		British Chinese <input type="checkbox"/>		
Bangladeshi <input type="checkbox"/>		Other.....		
Other				



Section 3: Background Information

Have you been a Mentor before? Yes No

If answered Yes, please describe your experience and state the organisation that you were a mentor for and the activity you were involved in.....

If answered No, please indicate why you would like to become a mentor.....

What qualities and skills do you feel you can bring to the role of being a mentor.....

Please list your hobbies, special skills and interests that you feel will benefit the Mentoring Programme.....

Have you any experience of working with Young People? Yes No

If Yes please state in what capacity.....

Section 4: References

Please name two referees whom we may contact with your permission. This cannot be a family member or anyone related to you. (Please list only people you have known for at least a year):

Referee 1

Name.....
 Home Address.....
 Postal code.....
 Relationship to yourself.....
 Work Profession.....
 Phone.....

Referee 2

Name.....
 Home Address.....
 Postal code.....
 Relationship to yourself.....
 Work Profession.....
 Phone.....

Section 5: Declaration

I confirm that all the information on this Mentor application form is correct and I will inform the Project Coordinator if any of the above information changes. I also give my permission for the referees listed on this application to be contacted.

Signature.....

Date.....

Please complete the application form and return it to:
steve.rawlins@bexleyopendoors.co.uk or post to
 Open Doors, Danson Youth & Community Centre, Brampton Road,
 Bexleyheath, Kent, DA7 4EZ

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Thank You