

Mentor Expression of Interest Form

Date of application:

Personal Details	
First Name	
Surname	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to say
Home Address	Suburb: _____ Postcode: _____
Email	
Home Phone	_____ Mobile _____
Date of Birth	
Occupation	
Do you have any existing medical conditions that may affect your participation in this program and/or your ability to drive?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (please list below)	
Are you of Aboriginal or Torres Strait Islander descent?	
<input type="checkbox"/> No <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander	
Do you speak another language other than English?	
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what language? _____	
Licence Number	_____ Expiry Date _____
Learner driver gender preference	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> No preference

Emergency Contact

Name			
Relationship to you			
Home Phone		Mobile	

References *(known to applicant for min 12 months, and must not be family members)*

1	Name	
	Organisation	
	Relationship	
	Phone	
2	Name	
	Organisation	
	Relationship	
	Phone	

Availability *(please indicate your availability for volunteering)*

Day (tick if all day)		Available Time(s)		
Monday	<input type="checkbox"/>	Morning	Afternoon	Evening
Tuesday	<input type="checkbox"/>	Morning	Afternoon	Evening
Wednesday	<input type="checkbox"/>	Morning	Afternoon	Evening
Thursday	<input type="checkbox"/>	Morning	Afternoon	Evening
Friday	<input type="checkbox"/>	Morning	Afternoon	Evening
Saturday	<input type="checkbox"/>	Morning	Afternoon	Evening
Sunday	<input type="checkbox"/>	Morning	Afternoon	Evening

What interests you in becoming a mentor with the TAC L2P Program?

Conditions of Volunteering

I agree to undertake all training relevant to the TAC L2P Program Yes No

I am willing to commit one year to the program at a minimum Yes No

I am willing to commit to ___hours per week/fortnight. Yes No

I am accepting of young people from challenging backgrounds and behaviours Yes No

I am willing to take on a coaching role rather than an instructing role Yes No

I agree to undertake a Working with Children Check (Volunteer) Yes No

Given the special nature of the mentor program, I understand and accept that, if I am accused of sexual misconduct or inappropriate behaviour, I may be asked to leave the mentorship program. Yes No

I agree to undertake a Police Check Yes No

I give permission for the L2P Coordinator to undertake a Driver Licence History Report on my behalf Yes No

I agree that I have never been banned or dismissed from another TAC L2P Program Yes No

I give permission for my information to be shared with the Department of Transport for reporting purposes Yes No

I give permission for photos taken of me participating in TAC L2P Program to be used for promotion purposes Yes No

Signature: _____ Date: _____

The personal information in this form is for the purpose of registering you as a volunteer with the TAC L2P Program. The information will be used for this purpose only and will not be disclosed to other organisations unless required to do so by law.