

Please fill out this form either digitally or physically and email it to [mentoring@odyssey.org.au](mailto:mentoring@odyssey.org.au)

## Applicant details

**First name**

**Last name**

**Date of birth**

**Gender**

**Do you identify as Aboriginal or Torres Strait Islander?**

Yes

No

Prefer not to say

**Do you identify as a member of the LGBTIQ+ community?**

Yes

No

Prefer not to say

**Phone (mobile)**

**Phone (home)**

**Email**

**Residential address**

**Country of birth**

**Language/s spoken**

Please list the languages you are able to speak

**Drivers license number**

**Expiry date**

**Occupation**

**Place of work**

**Medical conditions**

Do you have any medical conditions and/or related medications that may impact on your ability to perform your role? If so, please provide details.

**How did you hear about the Odyssey House Mentoring Program?**

Word of mouth

Linked In/Probono

Website

Facebook

Other

If other, please specify

## Emergency contact details

**Full name**

**Last name**

**Phone (mobile)**

**Phone (home)**

**Relationship to applicant**

## Application questions

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**Why are you interested in becoming a mentor? Why now?**

**How would you describe the role of a mentor?**

**What do you believe are some of the key principles or values to uphold when working with people who are leaving drug and alcohol rehabilitation?**

**What personal qualities, strengths, attributes or skills would you bring to the mentoring relationship?**

**Are you currently employed, if so, what is your job? If not - what work experience do you have?**

## Application questions

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**What are your hobbies/interests?**

**Have you held other volunteer roles in the past? Please also list any community groups/organisations to which you belong or are involved with.**

**Do you have a history of substance use?** (Please note this does NOT automatically exclude you from being a mentor)

**When are you available to meet with your mentee?** eg. Saturday morning, weekday evenings

**Would you be interested in mentoring a parent with young children?**

Yes      No

**Is there anything else that we should know about you that would help us with assessing your application?**

## Referees

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Please provide the name and contact details of two people who can serve as a referee for you if your application is successful. The nominated individuals must: have known you for a period of at least 12 months; have had recent contact with you; and agree to provide accurate descriptions of your reputation and character. Please use at least one professional reference. Relatives are not permitted.

### Referee 1

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**Full name**                      **Last name**                      **Phone (mobile)**                      **Phone (home)**

**Email**                                      **Relationship to applicant**

### Referee 2

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**Full name**                      **Last name**                      **Phone (mobile)**                      **Phone (home)**

**Email**                                      **Relationship to applicant**

## Declaration

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I confirm that I wish to apply for the position of Leavers Mentor and that the information provided above is correct. I understand that if my application is successful, I will be required to provide a current Police Check, Working with Children Check and complete Odyssey House Mentor Induction Volunteer Paperwork.

**Signature**

**Date**

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