

# HIGH SCHOOL MENTOR APPLICATION FORM



Last Name  Ms.  Mr.

First Name

Mailing Address

City	Province	Postal Code
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Email address

Tel (Cell)	Tel (H)
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## HIGH SCHOOL INFORMATION

Name of High School

Grade

**EMERGENCY CONTACT DETAILS** (In the event of sickness or similar emergency, it is most important that the following information is readily available).

Name

Relationship

Telephone Number

**INSURANCE BENEFICIARY:** Volunteers are covered under an insurance policy while they are working at a YWCA facility. Please provide a beneficiary below. (You may use your own name.)

## YWCA VOLUNTEER DETAILS

<p>Program (please indicate your preference)</p>	<input type="checkbox"/> Welcome to My Life (female applicants only, Vancouver) <input type="checkbox"/> That's Just Me (female applicants only, Surrey) <input type="checkbox"/> Boys 4 Real (male applicants only, Vancouver)
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<p>Timing of Program (please indicate which program you are applying for)</p>	<input type="checkbox"/> Fall <input type="checkbox"/> Spring    Year 20 ____
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<p>Criminal Record Check</p>	<input type="checkbox"/> Completed <input type="checkbox"/> Still needed
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Date of Birth	Day	Month	Year
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<p>Languages spoken other than English (this information is used to find the best match for your skills.)</p>	<input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> Farsi <input type="checkbox"/> Punjabi <input type="checkbox"/> French <input type="checkbox"/> Spanish <input type="checkbox"/> German <input type="checkbox"/> Tagalog (Filipino) <input type="checkbox"/> Hindi <input type="checkbox"/> Vietnamese <input type="checkbox"/> Japanese <input type="checkbox"/> Other (please list)..... <input type="checkbox"/> Korean
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## VOLUNTEER RECOGNITION

Upon completing 50 hours of volunteer time, the YWCA would like to acknowledge your commitment by sending a letter to someone who is significant to you, such as a friend, spouse, sibling, employer, mentor or anyone else who is important to you. The purpose of this letter will be to let someone you care about know how grateful the YWCA is for the work you have done.

**\*The YWCA will only write a letter with your permission and only to the person(s) you specify\***

Would you like the YWCA to send a letter to someone?  Yes

No

If YES, please fill in the following information

Name  Ms.  Mrs.  Mr.  Dr.

Address

City

Province

Postal Code

### OFFICE USE ONLY

Waiver form

Criminal record check

Completed/signed by parent

Completed/signed by parent

### NEWSLETTERS & INFORMATION

Would you like to receive YWCA newsletters, information about special events and e-newsletters from time to time?

Yes

No

Signature

Date

Submit completed applications to Youth Manager by FAX 604 684 9171  
or MAIL to Youth Manager, 535 Hornby Street, Vancouver BC, V6C 2E8  
or EMAIL [youth@ywcavan.org](mailto:youth@ywcavan.org)