

VOLUNTEERING VICTORIA MENTORING PROGRAM 2018

MENTOR EXPRESSION OF INTEREST FORM



PERSONAL DETAILS

First Name:	Surname:
Daytime phone no:	Mobile:
Home address:	
Email:	
Volunteering Victoria is endeavoring to build the capacity of an inclusive, professional volunteering sector. Please let us know if you identify as: <input type="checkbox"/> Rural or Regional Victoria <input type="checkbox"/> Culturally and Linguistically Diverse <input type="checkbox"/> LGBTI <input type="checkbox"/> Person with a disability	

CURRENT ROLE

Organisation name:	
Address:	
Position/Job Title:	Number of years and months in this role:
Total number of years in volunteer management (this organisation and others if applicable):	
<input type="checkbox"/> I understand that my CEO/Manager will receive a letter of acknowledgement from Volunteering Victoria upon acceptance into the mentoring program (please tick).	

INSPIRATION AND GOALS

What inspires you to take on a mentoring role?
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What do you believe you can bring to the mentoring relationship?

PERSONAL COMMITMENT

I understand that if selected as a mentor it will be a volunteer role.

YES NO

I am able to commit to a eight month program with the goal of meeting with my mentee once a month (in person or otherwise as mutually agreed).

YES NO

I am able to attend the program kick-off and introductory workshop on 27 March 2018.

YES NO

I am able to attend other key dates indicated in the 2018 Information Kit.

YES NO

I am aware that my professional information may be shown to my prospective mentee.

YES NO

Applicant's Signature: _____ Date: _____

HOW TO SUBMIT YOUR APPLICATION

Please email your application to: Sara Sterling, Professional Development Manager,
Volunteering Victoria: s.sterling@volunteeringvictoria.org.au

Applications close 5pm on 6 March 2018.