

L2P

VOLUNTEER MENTOR APPLICATION

TO BE COMPLETED BY THE VOLUNTEER:

DATE:

Surname:	First Name: Date of Birth:	Please attach a recent passport sized photo if possible
Address:		
Suburb:	Postcode:	
Day-time phone number:	After hours phone number:	
Mobile:		
E-mail:		
Victorian Drivers Licence No:	Expiry Date:	
Emergency Contact: Name : Relationship :	Telephone: BH: AH: Mobile:	
Employment details : <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		

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LEARNER
DRIVER
MENTOR
PROGRAM



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Why would you like to become an L2P Mentor: tick as many as you find appropriate

- Opportunity to build relationships
- Personal satisfaction
- Give back to community
- Pass on skills
- Other _____

Are you willing to commit to the program for a minimum of 12 months?

- Yes
- No

How did you hear about the L2P program:

- News paper
- Friends/family
- Internet
- Other _____

Do you agree to undertake a Police Check?

- Yes
- No

Do you agree to undertake a Working with Children Check (volunteer)?

- Yes please go to : <http://www.workingwithchildren.vic.gov.au/>
- No

Do you agree to undertake a Vic Roads Driver History Check?

- Yes
- No

Do you agree to attend Vic Roads Training : (one on-line session, 2 group Sessions)

- Yes
- No

Do you agree to attend intake interview with L2P Project officer

- Yes
- No

Is there anything Manningham Whitehorse City Council needs to be aware of that would affect your ability to safely and durably perform the inherent requirements of the job?

- Yes
- No

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Available start date:

What days are you available:

TIME	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Medical information :

Manningham and Whitehorse Council has a duty of care to protect your health and /or safety while you volunteer. Your answers to the following questions will assist us to do this.

Do you have an existing medical condition /injury?

- Yes
- No

If you answer is yes please provide details:
How serious is the condition?

Does your medical condition affect safe driving?

- Yes
- No

Do you take any medication that may impact on your ability to perform your role?

- Yes
- No

If yes please provide details below:

References :

Please provide the contact details of two people who are not family members and who are willing to act as referees for your chosen voluntary position.

1. Name:	Nature of relationship:	Contact number:
2. Name:	Nature of relationship:	Contact number

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Declaration:

The personal information in this form is for the purpose of registering as an applicant for a volunteer mentor within the Manningham Whitehorse Council L2P program.

I acknowledge that if my application proceeds I will be required to undertake pre-commencement checks to assess my suitability for the role. Council is to be notified of any pre-existing injury/illness that may be affected by the inherent requirements of this position. Failure to disclose relevant information in regard to a pre-existing injury/illness that might be affected by the nature if the proposed employment could result in injury/illness not being eligible for future compensation claims.

I agree that all information provided is true and accurate.

I have read and understood the above statements:

Signature:

Date: / /

Please forward the completed application form along with any supporting documentation to: L2P@Manningham.vic.gov.au

Or post to:

L2P program

PO Box 1

Doncaster

Victoria 3108

Please phone L2P Project worker if you have any queries: **9846 0537**

Thank you for your interest in becoming an L2P volunteer, you will be contacted shortly to arrange an intake interview.

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