

Mentor Expression of Interest Form

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 _____
Preferred contact number	
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 Address		
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		Available Time(s)
Monday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Tuesday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Wednesday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Thursday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Friday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm

Saturday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Sunday	<input type="checkbox"/>	7-9am, 9-12pm, 12-3pm, 3-5pm, 5-7pm, 7-10pm
Why are you applying to be a mentor with the TAC L2P Program?		

Conditions of Volunteering	
I agree to undertake all training relevant to the TAC L2P Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to commit one year to the program at a minimum	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to commit to hours per week/fortnight.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am accepting of young people from challenging backgrounds and behaviours	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am willing to take on a coaching role rather than an instructing role	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to undertake a Working with Children Check (Volunteer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree to undertake a Police Check	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for the L2P Coordinator to undertake a Driver Licence History Report on my behalf	<input type="checkbox"/> Yes <input type="checkbox"/> No
I agree that I have never been banned or dismissed from another TAC L2P Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for my information to be shared with the Department of Transport for reporting purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No
I give permission for photos taken of me participating in TAC L2P Program to be used for promotion purposes	<input type="checkbox"/> Yes <input type="checkbox"/> 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.