

MENTOR DETAILS FORM

NAME _____

ADDRESS _____

TELEPHONE _____ MOBILE _____

EMAIL _____

It would be appreciated if you could provide the following information to enable us to match you with a student. Please outline any hobbies, interests, areas of expertise, current/past work experience, art, craft, languages etc.

Please list your preferred times to work with a student. It would be helpful if you could indicate a number of alternative times to give us more flexibility in negotiating times with staff.

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____

DECLARATION

- I agree to take all reasonable steps to protect my own health and safety while on school property.
- I agree to keep confidential any personal or sensitive information of which I become aware through my involvement with the school and with LAP
- I have been made aware of my role and responsibilities as a LAP volunteer. I agree to uphold the philosophy of LAP and the school.
- I declare that I am a fit and proper person of good character. Below are the names of two referees who will attest to my good character e.g. previous or current employer, doctor, lawyer, J.P., teacher.

NAME _____

ADDRESS _____ TELEPHONE _____

NAME _____

ADDRESS _____ TELEPHONE _____

Have you been charged with a criminal offence involving children, dishonesty, drug dealing or violence? Yes/No

I agree to undertake:

- The police check and screening process required for the relevant organisations for volunteers in schools
- Training for Child Safe Environments: Reporting child abuse and neglect

Signature _____ Date _____

OFFICE USE ONLY

REFERENCES CHECKED (Date) _____ SCREENING PROCESS CHECKED (Date) _____

PRINCIPAL _____ LAP COORDINATOR _____

I acknowledge that this form will be kept on file for seven years.

