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**ARTS COUNCIL  
ENGLAND**



**LOTTERY FUNDED**



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## Mentor Application

Please complete this application form to become a Soft Touch Mentor.  
Applicants must be over the age of 18.  
Appointment is subject to interview, training and a DBS check.

### Contact Information

Name	
Address	
Postcode	
Tel No	
Mobile Phone	
E-Mail Address	

### Experience & Motivation

Do you have any prior experience in voluntary work?    Yes     No

If yes, please give details:

Please indicate why you would like to become a mentor:

## Employment

Which best describes your current employment status (please tick where appropriate?):

Employed       Unemployed       Retired       Studying       Self-Employed

If employed, please state your employer's name and address and your job title and role:

If studying, please provide information on the name of the course and the educational institution:

## Skills and Interests

What qualities and skills do you possess that make you suitable to be a mentor?

Are there any particular areas in which you would like to mentor?:

- |                                                       |                                             |                                             |
|-------------------------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Event Organising             | <input type="checkbox"/> Project Management | <input type="checkbox"/> Health & Wellbeing |
| <input type="checkbox"/> Finances & Budgeting         | <input type="checkbox"/> Business Start-up  | <input type="checkbox"/> Other              |
| <input type="checkbox"/> Job search                   | <input type="checkbox"/> Lifeskills         | Please state:                               |
| <input type="checkbox"/> Personal Presentation Skills | <input type="checkbox"/> PR & marketing     |                                             |

Do you have any specific skills you would like to share?

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## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings  
 Weekday afternoons

How many hours per week are you able to commit?

## References

Please give details of two referees who are able to support your application. Referees should not be relatives.

<b>Referee 1 Name:</b>	
Address:	
	Postcode:
Tel No:	Relationship to you:
Email:	
<b>Referee 2 Name:</b>	
Address:	
	Postcode:
Tel No:	Relationship to you:
Email:	

We aim to create a positive environment that enables all volunteers to realise their full potential. So we can consider any appropriate adjustments to the volunteer environment and better support you in your role, please give details of any disabilities or health issues:

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Do you have any unspent criminal convictions under the Rehabilitation of Offenders Act 1974\*?

Yes  No

If yes, please provide details:

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*\*Please note that a criminal record is not necessarily a bar to volunteering. However, due to the nature of mentoring, any conviction(s) will need to be taken into account when assessing your suitability.*

## Agreement and Signature

I declare the information given on this form is correct. I also give my permission for the referees listed on this application to be contacted by the project.

Name (printed)	
Signature	
Date	

**Your details** will be kept in accordance with the data Protection Act 1998/2003. They will be held securely and confidentially and will only be accessed by authorised personnel.