



# MERCY WORKS CONNECT

New South Wales  
Victoria  
Western Australia

## VOLUNTEER MENTOR APPLICATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender:  Male  Female Country of Birth \_\_\_\_\_

Date of birth (dd/mm/yy - Required for Mercy Works to verify Working with Children Check) \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's Licence:  Yes  No Own Car:  Yes  No

First Language: \_\_\_\_\_

Other Languages (please indicate fluency):

1. \_\_\_\_\_  Excellent  Average  Basic
2. \_\_\_\_\_  Excellent  Average  Basic

Are you currently:

- Studying  Retired  Unemployed  Home Duties  Employed Part-time

List current employer and position (if any):

\_\_\_\_\_

*Please note that the nature of this volunteer role means that previous experience working in an education setting is an advantage.*

Previous positions held:

Education (indicate qualifications and institutions):

Previous volunteer experience (if any). Give details of previous volunteer position, organisation and length of time you were there:

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Do you currently possess a Working with Children Clearance (WWCC) /VIC Inst. of Teaching Card?

Yes  No

WWC Number \_\_\_\_\_ Expiry: \_\_\_\_\_

Do you currently possess a National Police Clearance?  Yes  No

The time commitment required is a *minimum* 3 hours per week during school time for 1 school year. Please indicate the day and time you are available.

Mon: \_\_\_\_\_ Tue: \_\_\_\_\_ Wed: \_\_\_\_\_ Thu: \_\_\_\_\_ Fri: \_\_\_\_\_

*NB: You will also need to be available to attend approximately one meeting per school term.*

Why would you like to volunteer with the Mercy Works Connect Project?

What are the skills and attributes you can bring to this volunteering position?

Provide the names of two referees (preferably professional):

Name Referee 1: \_\_\_\_\_

Name Referee 2: \_\_\_\_\_

Organisation: \_\_\_\_\_

Organisation: \_\_\_\_\_

Role in Organisation: \_\_\_\_\_

Role in Organisation: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

**Please email or post to the contact in your state:**

**VICTORIA**

*MWC Coordinator*

Mercy Works Connect Victoria

607-611 Nicholson St

Carlton North 3054

Ph: 03 9389 8200

E: [katherine.cooney@mercyworks.org.au](mailto:katherine.cooney@mercyworks.org.au)

**SYDNEY**

*MWC Coordinator*

PO Box 2023

North Parramatta NSW 1750

Ph: 02 9564 1911

E: [paul.taylor@mercyworks.org.au](mailto:paul.taylor@mercyworks.org.au)

**PERTH**

*MWC Coordinator*

c/- Mercy Congregation Centre

60 John St Northbridge WA 6003

Ph: 08 9328 6991

E: [lisa.farrell@mercyworks.org](mailto:lisa.farrell@mercyworks.org)