



MERCY WORKS CONNECT

New South Wales
Victoria
Western Australia

VOLUNTEER MENTOR APPLICATION

Date: _____

Name: _____

Gender: ☐ Male ☐ Female ☐ Other 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:

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Education (indicate qualifications and institutions):

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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

SYDNEY

MWC Coordinator

PO Box 2023

North Parramatta NSW 1750

Ph: 02 9564 1911

E: paul.taylor@mercyworks.org.au

PERTH

MWC Coordinator

c/- Mercy Congregation Centre

60 John St Northbridge WA 6003

Ph: 0406 233 102

E: nancy.hourani@mercyworks.org.au