

LDMP - Mentor Application

Name: _____
 Address: _____
 Ph: _____
 Email: _____

When are you available to supervise learner drivers? (Please tick)

	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Are there any times of year you won't be available? (i.e. school holidays)

How many hours do you think you can volunteer with the Hobart PCYC LDMP each week?

_____ 1 hour _____ 2 hours _____ 3 hours _____ 4 hours+

What experience do you have working with people?

What skills do you think are important to be a Hobart PCYC LDMP volunteer?

Do you speak any language other than English? If so please provide details:

Is there anything that may impact on your ability to work as a volunteer, i.e. medical condition, medication?

If so, please provide details (you may need to attach evidence from your Medical Practitioner).

Are you able to provide the following (please tick if yes):

Full Drivers Licence WWVP Registration National Police Check

Have you had any licence suspensions/cancellations over the past 3 years? Yes / No

Please list your Emergency Contacts:

Contact 1- Name:

Relationship (e.g. parent, friend):

Phone Number:

Contact 2 - Name:

Relationship (e.g. parent, friend):

Phone Number:

Authority

I hereby acknowledge that I have read, understood and agree to be bound by the provisions of the LDMP Information Package and give permission for the Hobart PCYC to store my personal information on file and understand that my information will be managed in accordance with the Hobart PCYC Privacy Policy.

Applicant Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____

Contact Information

For LDMP enquiries, please contact Hobart PCYC on (03) 6107 9206 or return completed forms to:

The Coordinator
Hobart PCYC Learner Driver Mentor Program
A: 300 Liverpool Street, Hobart, 7000
E: enquiries@hobartpcyc.org.au

Participant Protection Declaration

Information

In addition to accepting your offer of employment/volunteer engagement, the Hobart PCYC requires a completed Participant Protection Declaration in order to satisfy our duty of care to all those associated with our operations. This applies to all those who undertake any work, coaching or regular unsupervised contact with people under the age 18 years.

Declaration:

I sincerely declare that:

- I have a current WWVP Registration.
- I do not have any criminal charges pending before the courts.
- I do not have any criminal convictions or findings of guilt for sexual offences, acts of violence, drugs or offences related to children.
- I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body that have alleged sexual misconduct or harassment, acts of violence, other forms of harassment, drugs or child abuse.
- To my knowledge, there is no matter that Hobart PCYC may consider to constitute a risk to its members, employees, volunteers or reputation by engaging me.
- I will notify Hobart PCYC immediately upon becoming aware that any of the matters set out in this declaration have changed.

I have read and understood this declaration and I accept the offer of employment/volunteer engagement with Hobart PCYC on the terms contained in it.

By signing this document, I acknowledge that I have been given sufficient opportunity to seek external advice and that I am entirely satisfied with the content of said document.

Name: _____ (Please print)

Signature: _____ Date: ____ / ____ / ____

Parent/Guardian Consent:

I have read and understood the declaration provided by my child. I confirm and warrant that the contents of the declaration provided by my child are true and correct in every particular.

Name: _____ (Please print)

Signature: _____ Date: ____ / ____ / ____