



Oasis Youth Care
Oakville, ON
(905) 901-4949

Mentor Application

1) Name:

2) Contact Number:

3) Email:

4) Address:

5) Date Of Birth:
Month Day Year

6) It is the policy of Oasis Youth Care that a Vulnerable Sector Screening and Criminal Background Record Check be completed as part of the employment process for all new staff (all categories), volunteers and mentors. Do you agree?

I agree I do not agree

7) Do you currently live in Ontario? Yes No

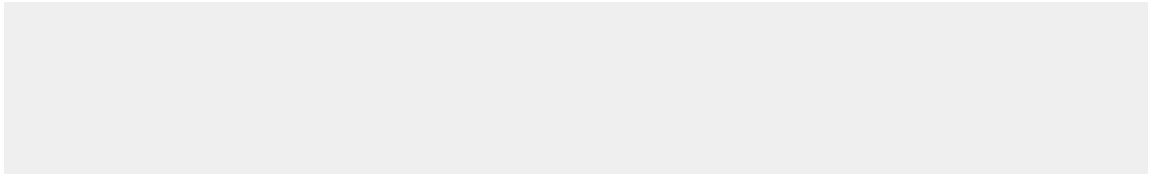
8) Who is your current employer?

9) What is your position?

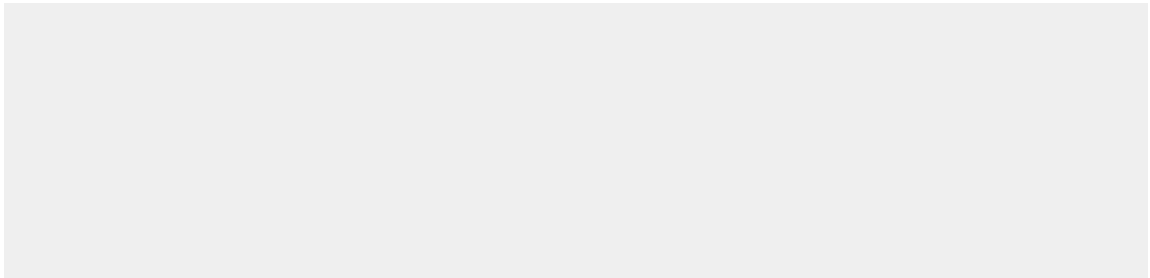
10) What is the highest level of education you have achieved? (Diploma, Degree, etc.)*

11) What other education or special training have you obtained?

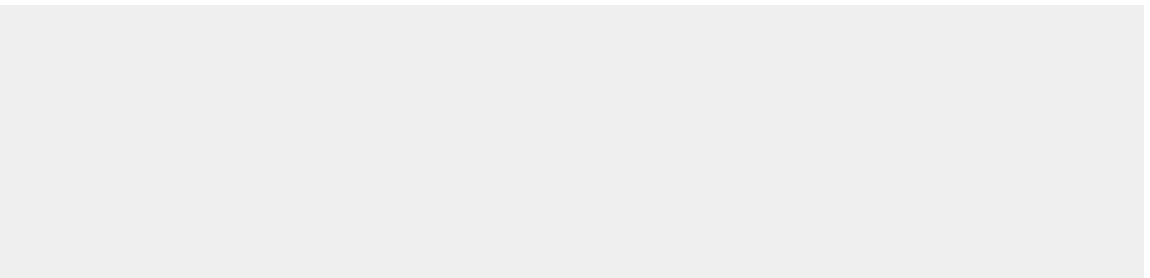
12) List any languages you speak other than English:



13) Please detail your recent volunteer experience with other organizations



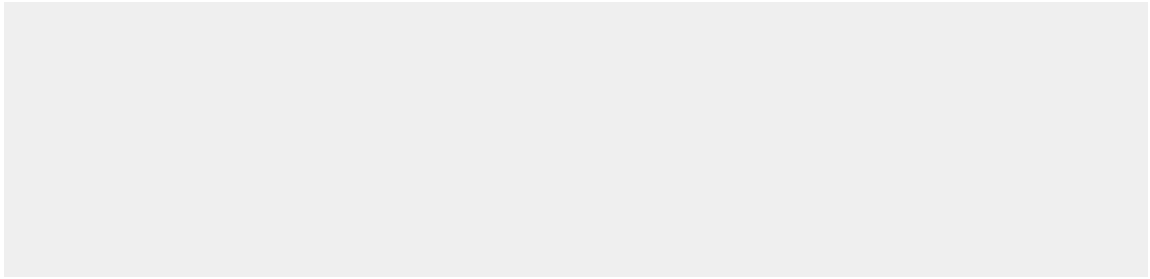
14) Do you have any special skills, talents, interests or hobbies that you feel would benefit a youth? Please describe.



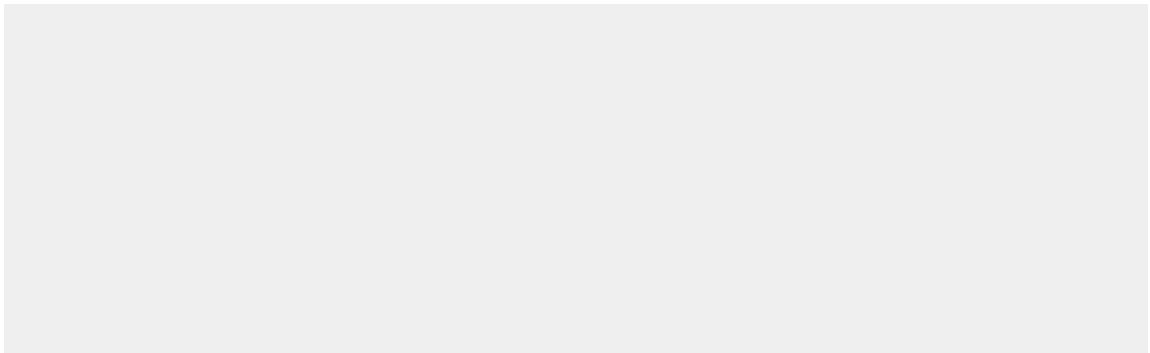
15) Please describe your personality. Check all that apply.

- | | |
|---------------------------------|-----------------------------------|
| <input type="radio"/> Quiet | <input type="radio"/> Friendly |
| <input type="radio"/> Outgoing | <input type="radio"/> Adventurous |
| <input type="radio"/> Confident | <input type="radio"/> Sensitive |
| <input type="radio"/> Shy | <input type="radio"/> Inquisitive |
| <input type="radio"/> Talkative | <input type="radio"/> Excitable |
| <input type="radio"/> Happy | <input type="radio"/> Other |
| <input type="radio"/> Nurturing | |

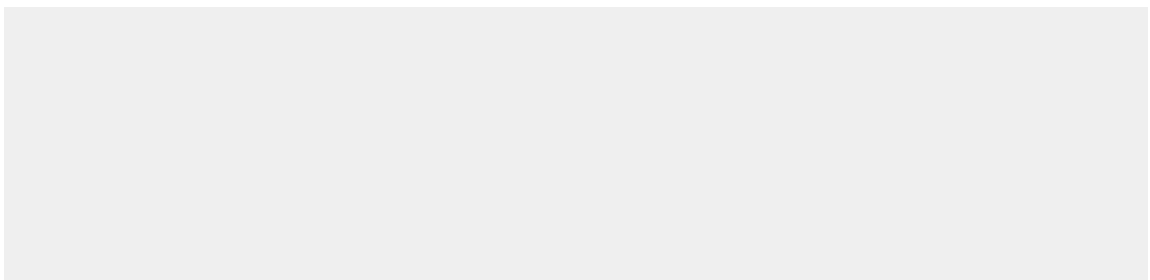
16) Do you have any previous experience working with youth? If so, please describe.



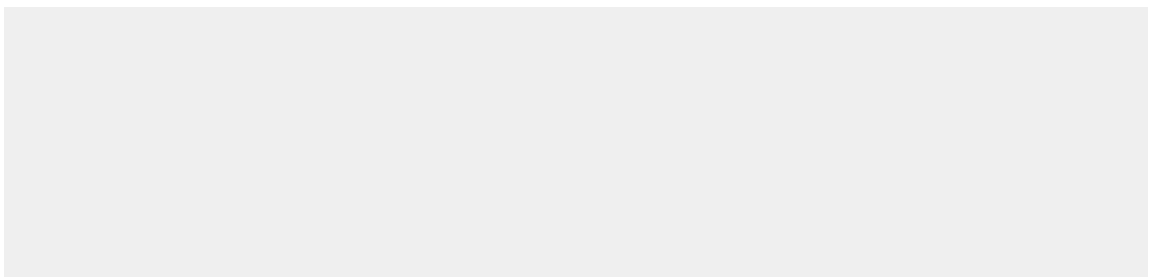
17) Why are you interested in becoming a mentor?



18) What do you think will be most challenging as a mentor?



19) Was there a time in your life when you faced challenges similar to those our youth face? If so, please explain



20) Do you prefer working with a: Male Female No Preference

21) Which days/times are you available to mentor? Check all that apply.

- | | | |
|---|---|--|
| <input type="radio"/> Monday Morning | <input type="radio"/> Thursday Morning | <input type="radio"/> Saturday Afternoon |
| <input type="radio"/> Tuesday Morning | <input type="radio"/> Friday Morning | <input type="radio"/> Sunday Afternoon |
| <input type="radio"/> Monday Afternoon | <input type="radio"/> Saturday Morning | <input type="radio"/> Wednesday Evening |
| <input type="radio"/> Tuesday Afternoon | <input type="radio"/> Sunday Morning | <input type="radio"/> Thursday Evening |
| <input type="radio"/> Monday Evening | <input type="radio"/> Wednesday Afternoon | <input type="radio"/> Friday Evening |
| <input type="radio"/> Tuesday Evening | <input type="radio"/> Thursday Afternoon | <input type="radio"/> Saturday Evening |
| <input type="radio"/> Wednesday Morning | <input type="radio"/> Friday Afternoon | <input type="radio"/> Sunday Evening |

22) How did you hear about the Mentor Program?

23) Other comments:

THANK YOU FOR YOUR APPLICATION!



Oasis Youth Care

Office: 905-901-4949 | Email: info@oasisyouthcare.com | www.oasisyouthcare.com



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