|  |  |
| --- | --- |
| KickSTart Logo BIGGER.jpgMentor Application Please complete this application form to become a Soft Touch Business Mentor.  Applicants must be over the age of 18.  Appointment is subject to interview, training and a DBS check. | LOGO 2015.jpg |

## 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?: | | |
| Event Organising  Finances & Budgeting  Job search  Personal Presentation Skills | Project Management  Business Start-up  Lifeskills  PR & marketing | Health & Wellbeing  Other  Please state: |
| Do you have any specific skills you would like to share? | | |
| Would you prefer to mentor an individual or a group?  Individual only  Group only  Both/either | | |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| Weekday mornings | Weekend mornings |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings | Weekend evenings |
|  | |
| How many hours per week are you able to commit? ReferencesPlease give details of two referees who are able to support your application  |  |  | | --- | --- | | **Referee 1** Name: | | | Address: | | |  | Postcode: | | Tel No: | Relationship to you: | |  | | | **Referee 2** Name: | | | Address: | | |  | Postcode: | | Tel No: | Relationship to you: | | |
| 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: | | |
|  | | |
| Do you have any unspent criminal convictions under the Rehabilitation of Offenders Act 1974\*?  Yes  No | | |
| If yes, please provide details: | | |

*\*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.

 

Return to: Ruth Northey, Soft Touch Arts, 50 New Walk, Leicester, LE1 6TF or ruth@soft-touch.org.uk