



IMAGINE Youth Mentoring Application Form

Personal Information

(Please read INFORMATION BRIEF in conjunction with this form)

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Male/ Female Age: _____

Best Contact Number: _____ Email: _____

Street Address: _____ Suburb: _____

State: _____ Postcode: _____ Ethnicity: _____

Name of School: _____ Grade: _____

Referral Source (E.g. Save the children, direct, school): _____

Emergency Contact Name: _____ Phone number: _____

Relationship to Mentee: _____

Parent/ Guardian Information (Mentees under 18 years)

First Name: _____ Last Name: _____

Relationship to Youth: _____

Address (If different to above): _____

Application Questions

To be filled by Mentee/ Parent of Mentee if under-aged. Can be assisted by referral agent (e.g. Save the children, Multicultural Futures, school staff). This will help us find the best match for a Mentor, and to tailor program to your needs.

1. Why do you/your child want to participate in a mentoring program?

2. Are you/your child able to attend an initial mentee meeting and subsequent mentoring sessions about once every 2 weeks (Sessions of about 1.5 hours)? Please elaborate on any anticipated scheduling issues.

3. Is there any particular hopes and goals you/your child have on entering this program? Include any specific interest or skill you/your child might want to develop.

4. Is there any other special considerations and requests you want us to consider? This may include cultural, religious, personal factors.

Term and Conditions

Please read carefully, initial each of the following, and sign at bottom of the page if happy to accept terms and conditions (If under 18 years Parent/ Guardian to initial)

Definition of 'Program Representative': Any worker or leader participating in the Imagine Youth Mentoring Program including Mentors, Co-ordinators, Leaders, and the Board of Imagine Global Ltd (Imagine Global Ltd is the Charity that oversees the program)

Consent to share information

Some of the information you have supplied may be used to match you/your child with an appropriate mentor.

I allow the Program Representative, at times, access and share this information with prospective mentors on a need-to basis.	Initial

Confidentiality in Imagine Youth Mentoring Program

You/ your child has a right to have confidential conversations with Imagine Youth Mentors and other Program Representatives. However, a Program Representative may need to share your information with others within the Imagine Youth Mentoring Program so that you get the best possible service. Sometimes we may also need to share this information with external services so that you/ your child can get the best possible support. If you/your child wants a conversation to be completely confidential, please tell the Youth Mentor or Program Representative. There may be some times when a Program Representative cannot guarantee confidentiality for safety and professional service.

I understand that I/ my child can ask for any conversation with a Program Representative to remain confidential	Initial
I understand that a Program Representative may have to share information that I/my child provide if there is a concern about safety or well-being, and allow them to do so.	Initial

Understanding of disclosure and child protection

The safety and well-being of children and youth is extremely important to Imagine Global Ltd. If the Program Representatives are concerned about any participants of the program, they may investigate further, which might result in a report to Child Protection and Family Support. Program Representatives will talk to you/ your child before making a report and support you when the report is made.

I understand and consent to Program Representatives making a report if they are worried about the safety or well-being of me/ my child.	Initial
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Other Terms and Conditions

I agree for me/my child to be involved in the Imagine Youth Mentoring Program and its related activities.	Initial
I agree to follow/ or have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.	Initial
I release Imagine Global Ltd, of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any Imagine Youth mentor or Program Representative, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.	Initial
I agree to allow Imagine Global Ltd to use any photographic or video image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials. (optional)	Initial

By signing below, I attest to the truthfulness of all information listed on this application and agree to all of the above terms and conditions (If under 18 years Parent/Guardian to sign)

Signature

Date

Please scan and return this Application to:
youth.mentoring@imagine-global.org