

MENTOR FAMILY APPLICATION

Parent1

Name: _____ Occupation: _____ Gender: **M** **F**

Age:

18-24

25-40

41-54

55-64

65+

Languages

Spoken: _____

Written: _____

Parent 2

Name: _____ Occupation: _____ Gender: **M** **F**

Age:

18-24

25-40

41-54

55-64

65+

Languages

Spoken: _____

Written: _____

ADDRESS

Address: _____

City: _____ Postal Code: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Children

Name: _____ Age: _____ Gender: **M** **F**

Name: _____ Age: _____ Gender: **M** **F**

Name: _____ Age: _____ Gender: **M** **F**

Name: _____ Age: _____ Gender: **M** **F**

Where would you be most comfortable meeting with the partner family? (Please check all that apply)

- Community Centre Grocery Library
 Coffee shop Activity Centre Other _____

What is your availability? (Please check all that apply)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How much time are you available to spend with a family per week?

Allergies or health concerns:

Hobbies/Activities/Interests as a family:

References: Please provide 2 references OR 1 letter of reference and 1 reference. Note that by filling the space below you consent for us to contact the person(s) you provide as references

	NAME	PHONE	RELATIONSHIP
1.			
2.			



Confidentiality

All staff, board members, volunteers, and contract workers at Immigrant Services Guelph-Wellington are obligated to use this policy. By signing, you agree to abide by IS-GW's policy on confidentiality and privacy of information.

All employees, board members, and volunteers at IS-GW are obligated to treat as confidential all written and verbal information acquired during their work at IS-GW. This policy also protects the undersigned and provides him/her the right of privacy and confidentiality. This policy of confidentiality applies to all aspects of the Centre, including involvement with cultural communities, government departments, sponsors, non-profit organizations, and individuals using the Centre's services or conducting business with the Centre.

The undersigned will treat all written and verbal information acquired during their time as a volunteer as confidential and will keep confidential all aspects of the Centre's relationship with any government department, non-profit organization, sponsoring agency, or any other contact.

Full Name: _____

Date (day/month/year): _____

Signature: _____

Photo Release

With their permission, photos and videos of Immigrant Services-Guelph Wellington program participants, volunteers and clients may be taken in order to document and promote our future programs. These photos and videos may be used in future program brochures, flyers, photo displays, and on our website.

We will not release any names or give any other information out regarding the identification of individuals in the photo. This consent form is to obtain permission to use the photographic or video image of you, obtained during Immigrant Services programs, in our organization's promotional materials.

I hereby give permission for the image of myself to be used for future promotional purposes of the Immigrant Services- Guelph Wellington, and to be released for the above mentioned purposes.

Full Name: _____

Date (day/month/year): _____

Signature: _____



Police Check

Please note that we require a Police Vulnerable Sector Check for all volunteers. We will consider Police checks valid for 1 year after date of issue.

Email Consent

Immigrant Services Guelph-Wellington (IS-GW) wishes to send you electronic messages from time to time such as e-mails, attachments and electronic newsletters regarding our activities. However, under **Canada's anti-spam legislation (CASL)**, we cannot send you electronic communications unless we first have your permission to do so. Please tick off the appropriate box below stating whether you consent to us sending you electronic messages and material.

Yes (unsubscribe anytime)

No

Full Name: _____

Date (day/month/year): _____

Signature: _____

Agreement

We agree that all of the above information is true to the best of our knowledge.

Signature: _____

Date: _____

Signature: _____

Date: _____

For Office Use Only

Interview Date:

Approved: Yes No

Start Date:

End Date:

Police Record Check Rcvd:

