**Volunteer Mentor Application Form**Action for Children are looking for some keen volunteers for an exciting new mentoring project, working with young people aged 8-14yrs. Tell us a little about yourself below and we’ll be in touch!

 **Your Details**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Skills & Preferences**

Why do you want to volunteer with us?

 Tell us about your skills and interests:

Do you currently hold a full UK driving licence?

* Yes
* No

Preferred volunteering location (i.e. Inverness, Alness, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred age range to mentor:

* 8-10yrs
* 11-14yrs
* Not important

Happy to partake in physical activities (i.e. football, basketball, etc.):

* Yes
* No

Your availability (please tick, or specify in the box below):

* Weekday
* Weekday evening
* Weekend daytime
* Weekend evening

Any other details?

**Getting In Touch**How would you like us to contact you?

* Email
* Phone
* SMS

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Thank You!**

Please return this form to: **Action for Children Scotland**

**Gael Og intandem**

**1st Floor, Rail House**

**Station Square, Academy Street**

**Inverness, IV1 1LE**

Or email:**sarah.sproul@actionforchildren.org.uk**

**Please note that if you are successful with your application we will require two references that we will follow up with to confirm your suitability to become a volunteer**.