



**Maple Ridge/Pitt Meadows  
Community Services**  
*Changing Lives Together*

**Youth Restorative Justice  
Mentor Application Form**

**General Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Daytime Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Is this a shared email? \_\_\_\_\_

Length of time you have resided in Maple Ridge or Pitt Meadows: \_\_\_\_\_

**Employment Information:**

Are you presently employed? \_\_\_\_\_ Position: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Can you be contacted at work? YES/NO \_\_\_\_\_

Please list your employment history for the past 5 years:

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

**Education Information:**

What is your educational background/history?

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

List any restorative justice, mentorship, or special skills training you have taken.

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

**Other:**

Please provide a summary of past volunteer experience.

---

---

---

What interested you about mentoring with our program?

---

---

---

What do you hope to gain from mentoring with this program?

---

---

---

What life experiences have you had that might be useful in mentoring with our organization?

---

---

---

List any special skills which may be relevant to this work:

---

---

---

On average, how many hours could you commit each week? \_\_\_\_\_

Are there any days/time slots that do not work for you? \_\_\_\_\_

How long of a volunteer commitment are you willing to make i.e. months, years? \_\_\_\_\_

What other commitments do you have? \_\_\_\_\_

Which languages do you speak? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

**References:**

**Please list two professional references.** Please note, references may be contacted.

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

What was/is your relationship to this reference? \_\_\_\_\_

---

How long have you known this reference? \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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

What was/is your relationship to this reference? \_\_\_\_\_

---

How long have you known this reference? \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Please list two personal references.** Please do not use family/relatives. Please note, references may be contacted.

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

What was/is your relationship to this reference? \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

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

What was/is your relationship to this reference? \_\_\_\_\_

How long have you known this reference? \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_

**Consent:**

A security check is required for all volunteers. This involves a check of police records, which may also involve fingerprinting.

Do you consent to having a criminal and police history check as well as a vulnerable sector check done?  
YES/NO \_\_\_\_\_.

- I give permission to Youth Restorative Justice to obtain any and all information in regards to my application as a volunteer with this program.
- I agree to sign a contract of confidentiality.
- I have attached a copy of my driver's abstract.
- I have attached a copy of my vehicle insurance indicating at a minimum \$2,000,000 liability insurance.
- I have attached my most current resume.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_