# Swinburne Alumni Mentoring Program Mentee Application Form

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  | Email: |  |
| Driver’s License No. |  | Vehicle Registration: |  |
| Preferred Method: | Mobile 🞏 | Email 🞏 | Home Phone 🞏 |
|  |
| **Emergency Contact Details** |
| Name: |  |
| Phone: |  | Relationship: |  |
| Name: |  |
| Phone: |  | Relationship: |  |
|  |
| Your Swinburne Degree: |  |
| Other Degrees and Qualifications: |  |

**Ambulance Subscription:** Yes 🞏 No 🞏

\*In the case of an emergency an ambulance will be contacted and associated expenses the responsibility of individual staff / volunteers.

**Medical Conditions:** Do you have any medical conditions or disability that could impact on your ability to undertake certain tasks. If so, please detail:

**Note:** All medical and personal information will be treated as confidential.

**Permission to Use Photographs & Video**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, AGREE for Swinburne University of Technology to take, use, & distribute photographs, in order to promote volunteering or the organisation. I allow such use.

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

**When are you available to meet with your mentor?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | MON | TUES | WED | THURS | FRI | SAT | SUN |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |

**Tell us about you.**

|  |
| --- |
| **Work Experience and Volunteering:**  |
| **What skills would you like to improve?** |
| **Why do you want a mentor? What would you like to gain from this program?**  |

\*If you prefer you can attach your most recent CV to this application

\*\* Please note after initial conversation we would like to undertake reference checks