

# Banff Mentoring Program



Thank you for requesting information regarding the Banff Mentoring Program. Enclosed you will find a brochure and a volunteer application package. As this program involves working with children and youth the screening process is detailed, so the following steps need to be completed. We appreciate your time spent on this:

**Volunteer Application**

Please return your completed application to the Community Services department no later than **Friday, Sept 12, 2008**.

**References**

Please pass reference forms on to your two chosen referees, one personal and one work. Referees return completed forms directly to the Community Services department. Please include their names and phone numbers on the form provided with your application.

**Alberta Children's Services—Intervention Record Check**

Please fill out the attached form and provide 2 pieces of ID from the required list. We will photocopy these and send the forms to children's services on your behalf.

**Police Security Check**

Please take the completed Security Clearance Referral form to the Banff RCMP detachment at 335 Lynx Street between 8 a.m. to 4 p.m. weekdays, 762.2228 along with the *Town of Banff Request letter*, included in this package. One piece of ID is needed with picture and date-of-birth. Please attach the completed form to your application.

**Interview**

Once the above screening information has been received, we will phone qualified applicants to set up an interview.

**Training Session**

Once all of the above requirements have been fulfilled, a mandatory 8 hour training will be held in October.

Please contact me if you have any questions, or if you need more information in order to apply. The application must be returned by **Friday, Sept 12, 2008**

Thank you,

A handwritten signature in black ink that reads "Shawn Carr".

**Shawn Carr** | Family School Liaison Worker

Town of Banff Family and Community Support Services, Community Services  
Town of Banff  
Banff Town Hall, 110 Bear Street  
Box 1260, Banff, Alberta, Canada T1L 1A1  
P 403.762.1251 F 403.762.1264  
mentor@banff.ca

# Volunteer Mentor Application Form

Legal Name:		DOB:	
Street Address:		PO Box:	City:
Postal Code:	Phone (H):		Phone (W):
Email:			
Place of employment:		Occupation	

May we contact you at work?  YES  NO

Are you able to mentor during school hours?  YES  NO

Can you commit to mentoring for one hour a week for a minimum of one school year?  YES  NO

Can you commit to a regular time each week?  YES  NO

If NO, why not? \_\_\_\_\_

Where did you hear about the Banff Mentoring Program?

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Word of mouth  | <input type="checkbox"/> A poster  |
| <input type="checkbox"/> Display window | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio          | <input type="checkbox"/> Website   |

## Training and Experience

Most recent level of education of training that you have completed is:

- |   |  |
|---|--|
| <input type="checkbox"/> High School                | <input type="checkbox"/> College – Diploma/Certificate |
| <input type="checkbox"/> Trade School               | <input type="checkbox"/> University Degree             |
| <input type="checkbox"/> Some College or University | <input type="checkbox"/> Post Graduate Study           |

If you have completed training beyond high school, which program(s) of study did you undertake?

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Describe any relevant skills or interests you will bring to this program.

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What experience do you have working or volunteering with children or youth?

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Describe your previous volunteer experiences, if any.

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Why would you like to mentor?

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## Mentor Interests

The information contained in this form will be reviewed by the Banff Mentoring Program co-ordinators and may be shared with school contacts for the purpose of mentor-student matching. Information from this form may also be used as part of the Banff Mentoring Programs annual evaluation.

### PERSONAL

How would you describe your personality? \_\_\_\_\_

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Please list your hobbies and interests: \_\_\_\_\_

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What type of music do you like? \_\_\_\_\_

What is your favourite TV show or movie? \_\_\_\_\_

What kind of books or magazines do you read? \_\_\_\_\_

What are your favourite foods? \_\_\_\_\_

What were your favourite subjects in school? \_\_\_\_\_

What were your least favourite subject in school? \_\_\_\_\_

What sports do you like and or play? \_\_\_\_\_

If you enjoy these, check all that apply:

board games     playing cards     reading     arts & crafts     cooking     computers

Do you speak more than one language? If so, what languages do you speak? \_\_\_\_\_

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Where have you lived and or traveled? \_\_\_\_\_

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Any other comments: \_\_\_\_\_

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### PREFERENCES

**Please give us some idea of which type of student you feel you would be most suited to work with:**

Elementary     High School     Junior High     Male     Female     No preference

A student's personality (i.e. high energy, outgoing, quiet, shy) \_\_\_\_\_

A student's academic ability (i.e. average, struggling, gifted) \_\_\_\_\_

A student's career goals (i.e. university, college, trade or other) \_\_\_\_\_

Student's interests and hobbies: \_\_\_\_\_

What would you like to do with your student? \_\_\_\_\_

Any special skills you would like to share with your student? (arts, sports, cooking, writing etc.) \_\_\_\_\_

I \_\_\_\_\_ hereby authorize verification of all statements herein and release the Banff Mentoring Program and all others from liability in connection with the same. The information supplied by me in this application is true and complete. I understand that incomplete applications will not be considered and that providing false information is grounds for immediate disqualification from the program. This application does not constitute an obligation on my part or on the part of Banff Mentoring Program. All information supplied to Banff Mentoring Program will be held in confidence.

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

This personal information is being collected under the authority of the Municipal Government Act for the purpose of the Banff Mentoring Program. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information, please contact the Town of Banff, Community Services at 403.762.125 or Box 1260, Banff AB, T1L 1A1.

# Volunteer Mentor Application Form



## REFERENCES

Attached are two reference forms for you to give to your referees. Please list below the names and phone numbers of the references you will be using. Please provide one work reference and one personal reference. These references should not be family members and should have known you a minimum of two years.

**Your references need to send completed forms DIRECTLY TO:**

**Community Services, Banff Town Hall  
110 Bear Street, Box 1260  
Banff, AB. T1L 1A1  
Or FAX: 403.762.1264  
ATTN: Shawn Carr**

**We ask that applicants do not collect reference forms. The reference forms must be sent directly to us. Thank you.**

WORK: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

PERSONAL: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Consent to verify references

I \_\_\_\_\_, hereby authorize the above named referee(s) to provide a reference in connection with my application for the position of mentor with the Banff Mentoring Program and release them from any liability in regard to the same.

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

The Town of Banff Community Services department will contact references at a later date for further information about the applicant.

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# Volunteer Mentor Reference Form



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ATTN: Shawn Carr**

Banff Mentoring Program volunteers act as mentors to students in grades 2-12 in Banff. Mentors spend one hour a week one-on-one with students during school hours. Mentors listen to the students, and encourage them to explore possibilities and develop their potential.

Volunteer Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known the applicant and in what capacity? \_\_\_\_\_

Please comment on the applicant's best qualities. \_\_\_\_\_

Do you feel the applicant would be a positive role model for a young person? Please explain why. \_\_\_\_\_

Does the applicant follow through on his or her commitments and obligations? How? \_\_\_\_\_

Please comment on the applicant's ability to adapt to new situations. \_\_\_\_\_

Can you think of anything that might hinder the applicant's ability to work one-to-one with a student? Why? \_\_\_\_\_

Would you personally recommend this applicant to work unsupervised with children? Please explain. \_\_\_\_\_

Is there anything else you would like to add? \_\_\_\_\_

**The Banff Mentoring Program follows up all references with a telephone call. Thank you.**

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

The information supplied by me in this reference is true and complete. All information provided to the Banff Mentoring Program will be kept confidential. This personal information is being collected under the authority of the Municipal Government Act for the purpose of the Banff Mentoring Program. It is protected under the privacy provisions of the Freedom of Information and Protection of Privacy Act. For more information, please contact the Town of Banff, Community Services at 403.762.125 or Box 1260, Banff AB, T1L 1A1.

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110 Bear Street  
Box 1260 Banff, Alberta Canada T1L 1A1  
T 403.762.1207 F 403.762.1260

Royal Canadian Mounted Police Criminal Record Check  
Request for the Banff Mentoring Program

This letter verifies that the following individual:

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Requires a Criminal Record Check as part of their 2007 application to the Banff Mentoring Program. As previously discussed, please waive the fees for this check upon receipt of this letter. If you have further questions please contact the Town of Banff, Community Services department at 762-1251.

Thank you,



**Shawn Carr** | Family School Liaison Worker  
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