

## Mentee Application Form

**Please complete and submit the following application form.**

These details will not be disclosed to anyone outside CMY without the applicant's permission.

<b>Date</b>	/ /
<b>Name</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth</b>	/ / <b>Age:</b> yrs old
<b>Country of birth</b>	
<b>How would you describe your cultural background?</b>	
<b>Do you identify with a faith community?</b>	
<b>What community or faith activities are you involved in?</b>	
<b>How did you hear about the program?</b>	
<b>Which day, Tuesday or Friday, would you like to attend? Please specify</b>	
<b>Address</b>	
<b>Home Phone Number</b>	
<b>Mobile Number</b>	
<b>Email address</b>	
<b>Emergency contact</b>	Name: _____ Relationship to you: _____ Contact Number(s): _____
<b>Current study or Occupation</b>	<input type="checkbox"/> Studying <input type="checkbox"/> Full time <input type="checkbox"/> Part time Place of study: _____ Course you are studying: _____ Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working <input type="checkbox"/> Full time <input type="checkbox"/> Part time Place of work: _____

**What are some of your goals and aspirations for the program and how do you see yourself achieving these?**

**What does leadership mean to you, and how have you demonstrated this in your own life?**

**In what ways do you believe that faith and culture impact on the Victorian community?**

**What do you think are the biggest issues affecting young people today?**

**Do you have any ideas about youth projects you would like to be involved with?**

**Referee 1:** Please provide the name and contact details for a personal referee who will support your application.

Name: \_\_\_\_\_  Male  Female

Contact Number(s) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Referee 2:** Please provide the name and contact details for a professional referee who will support your application.

Name: \_\_\_\_\_  Male  Female

Contact Number(s) \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**I understand that participation in this program requires attendance at the nine group sessions between August and October.**

**Your signature** \_\_\_\_\_ **(sign/type)**

Thank you for your application! We will contact you regarding the outcome of your application and the next stage of the process as soon as possible.

The next stage is a group interview, you will be contacted after we have your application about an interview time.

If you have any questions or would like any more information, please email [ahutchens@cmy.net.au](mailto:ahutchens@cmy.net.au) or call **Anna Hutchens** on **9340 3700** or **0448 623 006**

**Please return this form by Wednesday 18<sup>th</sup> March 2009:**

**Email:** [\*\*ahutchens@cmy.net.au\*\*](mailto:ahutchens@cmy.net.au)

**Fax:** **03 9349 3766**

**Post:** **Attn: Anna Hutchens,  
Centre for Multicultural Youth  
304 Drummond Street,  
Carlton, 3053**