



Volunteer Mentor Application Form

Please note: this application form is one of the processes that all applicants must undertake in order to meet the selection criteria toward becoming a Volunteer Mentor for the L2P Learner Driver Mentor Program — Hume. It is one of the screening tools to ensure that quality assurance processes are adhered too as required by law and our funding body VicRoads. Completing and signing this form will allow you to proceed to the next stage but does not guarantee participation to the program. All screening tools (including satisfactory Working with Children’s Check and Police Check) must be cleared before applicants are approved too become involved in the L2P Learner Driver Mentor Program – Hume.

Full Name: _____

Address: _____

Suburb: _____

Post Code: _____

Home Telephone: _____

Mobile Number: _____

E-mail: _____

Gender: Male / Female (please circle)

Date of Birth: ___ / ___ / ___

Drivers Licence Information

Licence Type: _____

Licence Number/s: _____

Licence Expiry Date: ___ / ___ / ___

Licence Conditions: _____

Other Relevant Information:

How did you find out about the L2P Learner Driver Mentor Program?

Why are you interested to volunteer for this program?

Have you undertaken any volunteer work before? Please provide details.

Please provide a brief outline of your skills and work history (i.e. employment and education qualifications)

Are you currently employed and/or studying? Please explain.

Do you speak a language other than English? If yes, please specify and indicate your fluency for speaking, reading and writing these languages using the following scale 1- Very well, 2 = Well, 3 =Not well, 4 = Not at all.

LANGUAGE	SPEAKING	READING	WRITING

Can you please indicate what your availability is?

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							
Evening (after 6pm)							

Please provide us with three referee's – one professional, one character and one personal;

1. Name: _____

Telephone: _____

Position/Relationship: _____

2. Name: _____

Telephone: _____

Position/Relationship: _____

3. Name: _____

Telephone: _____

Position/Relationship: _____

I understand and agree to the terms and conditions of the Screening Policy and that all information Disclosed on this form will be respected in accordance with the Privacy Act.

Signature: _____

Date: ___ / ___ / ___

Please return the completed application form to:

Rachael Baker
Hume L2P Mentor Program
PO Box 3238
Broadmeadows VIC 3047

Volunteer Supervising Driver Rights and Responsibilities

As a volunteer, you have the right to be:

1. Informed about Hume City Council (HCC) and Hume Whittlesea Local Learning and Employment Network (HWLLEN) area in which you are volunteering
2. Provided with a documented participation statement
3. Performing activities which are worthwhile and challenging
4. Informed of relevant HCC and HWLLEN policies and procedures
5. Working in a safe and healthy environment free of discrimination
6. Covered by Hume CC (if in training on the Volunteer Gateway Program) or by HWLLEN Public Liability Insurance and limited Personal Accident Insurance cover while you are performing activities documented in your participation statement. This includes any legal expenses that relate to your volunteer activities on the L2P Program.
7. Inducted, supervised and provided with access to relevant training
8. Recognised as a valuable team member
9. Consulted on matters related to your participation that may directly/indirectly affect you
10. Provided with feedback on your performance

As a volunteer, you are required to:

11. Be committed to the L2P Program and the opportunity it has provided
12. Inform HCC or HWLLEN of any potential conflicts of interest
13. Comply with relevant legislation and HCC and HWLLEN policies
14. Work in a safe manner and report any injury or potential safety hazards, as directed by HCC and HWLLEN OH&S policies and procedures
15. Inform HWLLEN of any pre-existing medical conditions or special needs that may effect your ability to perform certain tasks by completing the enclosed Volunteer Health Declaration Form.
16. Request support when needed
17. Provide ongoing feedback on your activities to your supervisor
18. Comply with confidentiality and privacy requirements
19. Provide Council with reasonable notice prior to leaving the organisation.

As a volunteer, the following conditions apply.

1. No payment will be made to you by HCC or HWLLEN
2. By providing a volunteering opportunity, HCC or HWLLEN is in no way implying an obligation to make an offer of employment in the future
3. You can terminate your volunteer collaboration at any time by advising your supervisor.

As a volunteer, I accept and agree to the following conditions.....

1. Authorize the Hume Whittlesea LLEN L2P Learner Driver Mentor Program to access my traffic infringement driving record at any stage during the program.
2. Hold a valid and current full Victorian driver licence at all stages throughout the program and will declare to Hume Whittlesea LLEN L2P Learner Driver Mentor Program any variation to my licence status that comes to my knowledge during the course of the program.
3. Not be under the influence of alcohol or drugs during my preparation stage and/or driving stage of a supervised driving session.
4. Preserve the private details of each Learner Driver Client except where required to disclose by law.
5. Speak and act towards Hume Whittlesea LLEN L2P Learner Driver Mentor Program and Administrators of the program, Learner Driver Clients of the program and other Road Users in general, in a courteous and considerate manner.
6. Comply with Victorian Road Law and require all Learner Drivers under my supervision to comply with the road law to the best of their ability.
7. Comply with Operational Procedures and Processes laid down and applicable to this driving program by its administrators.
8. Participate in and complete the Program's (10) hours of Volunteer Supervising Driver training delivered by the VicRoads training team before being accepted into the Program.
9. Understand and accept that I may be dismissed from the Program in the event of any breach of this agreement.
10. Accept and agree to my performance as a Volunteer Supervising Driver being monitored by the Project Manager or her nominee at any time and without notice.

Signed..... (Sign)

Name _____ (print name)

Dated.....