Canmore Application

Thank you for requesting information regarding the Bow Valley Mentoring Program. Enclosed you will find 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 Canmore Family and Community Support Services department.

Address: **Family and Community Support Services**
ATTENTION: Lauren Moore
902-7th Ave, Canmore, AB T1W 3K1

References

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

Alberta Children's Services—Intervention Record Check

Please send in the attached form and drop off at FCSS upon completion of processing.

Police Security Check

Please take the completed Security Clearance Referral form to the Canmore RCMP detachment at 101 Elk Run Blvd, T1W1L1 between 8 a.m. to 4 p.m. weekdays, 403.678.5519 along with the *Town of Canmore 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. ** *Please note changes to the Police Security check process have created longer wait times. If you do not receive your security check within two weeks, please forward the other items on this checklist to the FCSS Office.*

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 completed, you will be notified when a mandatory training will take place.

Please contact me if you have any questions, or if you need more information in order to apply.

Regards,
Lauren Moore | Program Coordinator
Family and Community Support Services (FCSS)
Town of Canmore
T: 403.678.7127 F. 403.609.8271
Email: LMoore@canmore.ca

This personal information is being collected under the authority of the Freedom of Information and Protection of Privacy (FOIP) Act, R.S.A. 2000 Chapter F-25;Section 33(c)
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VOLUNTEER MENTOR APPLICATION FORM

Legal Name: _____ DOB: _____

Street Address: _____ PO Box: _____ City: _____

Postal Code: _____ Phone (H): _____

Phone (W): _____ Cell: _____

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 a minimum of one hour a week for one school year? ☐ YES ☐ NO

Where did you hear about the Bow Valley Mentoring Program?

☐ Word of mouth
☐ Display window
☐ Radio
☐ Poster
☐ Newspaper
☐ Website

Training and Experience

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

_____

_____

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

_____

_____

Describe your previous volunteer experiences, if any.

_____

_____

Why would you like to mentor? (Use the back, if necessary)

_____

_____

_____

_____

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MENTOR INTERESTS

The information contained in this form will be reviewed by the Bow Valley Mentoring Program coordinators 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 Bow Valley Mentoring Programs annual evaluation.

PERSONAL

How would you describe your personality? _____

_____

_____

_____

Please list your hobbies and interests: _____

_____

_____

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

_____

Where have you lived and or traveled? _____

_____

What were your favourite things to do as a child/youth? _____

_____

_____

Where did you grow up? _____

Is there anyone who "made a difference" for you when you were growing up? _____

_____

_____

Any other comments: _____

_____

_____

_____

_____

☐ I agree. Name _____ Signature _____

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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)

_____

_____

What activities 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 Bow Valley 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 Bow Valley Mentoring Program. All information supplied to Bow Valley Mentoring Program will be held in confidence.

☐ I agree

Signature: _____ Date: _____

The Town of Canmore FCSS will contact references at a later date for further information about the applicant.

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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/volunteer 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:

Family and Community Support Services
ATTN: Lauren Moore
902 7th Avenue
Canmore, AB, T1W 3K1
LMoore@canmore.ca Or FAX: 403.609.8271

We ask that applicants do not collect reference forms.

☐ I agree, the reference forms must be sent directly to us.

Thank you.

WORK/VOLUNTEER:
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 Bow Valley Mentoring Program and release them from any liability in regard to the same.

Signature: _____ Date: _____

The Town of Canmore FCSS will contact references at a later date for further information about the applicant.

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Please indicate your opinion of the applicant in the following areas. Select only one option:

	Extremely Good	Very Good	Somewhat Good	Poor	Extremely Poor
Dependability	5	4	3	2	1
Ability to uphold a commitment	5	4	3	2	1
Flexibility	5	4	3	2	1
Respect for rules	5	4	3	2	1
Ability to accept feedback	5	4	3	2	1
Maturity	5	4	3	2	1
Ability to be a positive role model	5	4	3	2	1
Personal appearance	5	4	3	2	1
Ability to get along with others	5	4	3	2	1
Attentive and Observant	5	4	3	2	1
Ability to be on time	5	4	3	2	1
Ability to follow instructions	5	4	3	2	1
Ability to work unsupervised	5	4	3	2	1

Is there anything else about the applicant that you would like to share? _____

_____

_____

Reference Name: _____ Date: _____

Reference Signature: _____

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Dear Canmore RCMP Detachment Staff:

Family and Community Support Services is requesting that the bearer of this letter be screened through the Security Clearance process for the purpose of Volunteering in the Bow Valley Mentor Program. A vulnerable sector check will need to be completed as well.

Please waive the fee for this service as it is for the purpose of volunteering.

Should you have any questions, please contact me directly.

Sincerely,

Lauren Moore
Family and Community Support Services
Town of Canmore
Phone: 403.678.7127 (direct)
LMoore@canmore.ca

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