

## Mercy Connect NSW MPower Mentor Application

Name	First name Surname			Preferred name
Contact	Telephone:	Ema	il:	
Address				
Emergency contact	Name		Number	
Employent /Career				
Education				
Interests				
Previous Mentoring Experience (if applicable)				
Working with children	WWCC Number (current)		Date of birth (ne	eeded to complete verification process)
Availability	(Please include work days)			
How did you hear about us?				
Referee details	Name		Contact email ai	nd/or mobile

## **Mentor**

 Print Name
 Signature
 Date

