

# MENTOR APPLICATION FORM



An important cornerstone to our students' success is mentorship. We match each incoming student with a mentor who helps to guide the student through the academic and personal journey of secondary school. Over the years we have found that the mentors learn as much from the students as the students learn from the mentors.

Please fill in your details below:

### Accompanying Documents:

- Certified ID Copy
- Clearance certificate from police station

### Personal Details

Name & Surname: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Gender: \_\_\_\_\_

Ethnic Group: \_\_\_\_\_

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### Contact Details

Cellphone number: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

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### Employment Details

Current Employment: \_\_\_\_\_

Address: \_\_\_\_\_

Department: \_\_\_\_\_

Position: \_\_\_\_\_

Highest Qualification: \_\_\_\_\_

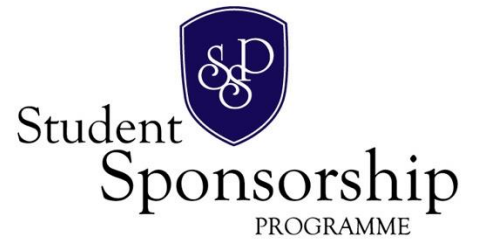
Institute Obtained: \_\_\_\_\_

Year Graduated: \_\_\_\_\_

Are you an SSP Alumni: YES / NO

If you are, which school did you matriculate from and which year?

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## Questionnaire

1. Why are you interested in getting involved with the SSP mentorship programme? Is there a particular aspect that resonates with you?

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2. What skills do you have that would be helpful to a high school student?

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3. Do you have previous mentoring/volunteering experience? If so, please give us detail.

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4. Tell us about your interests and social hobbies?

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## References

Please provide us with two contactable references; our mentor programme coordinator will be in touch with them. We ask that you please alert your references in advance.

1. Name & surname: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Preferred Call time: Morning / Daytime / Afternoon  
Email Address: \_\_\_\_\_

2. Name & surname: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Preferred Call time: Morning / Daytime / Afternoon  
Email Address: \_\_\_\_\_



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## Informed Consent & Indemnity

I understand and commit that I will complete a mentor orientation program and at least one training session before I start mentoring.

I understand that all mentors who come into regular contact with SSP students will be subjected to a standard criminal record and profile verification as per Child Protection standards.

I authorize any persons listed above as references on this application to furnish information concerning my personal character, habits or employment record.

I, \_\_\_\_\_ (full names), certify that the facts contained in this application are true and complete to the best of my knowledge.

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

Signed at: \_\_\_\_\_

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

Witnessed By: \_\_\_\_\_

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

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

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