MENTOR APPLICATION FORM

Indigenous Female Mentor — Youth Aboriginal Girls Program

Program Focus: RIPE Mentoring is committed to empowering young Aboriginal and Torres Strait Islander girls by strengthening their well-being and connection to community, developing life skills, building on cultural knowledge, and connecting with mentors and peers.

Position Type: Casual / Part-Time • **Location:** Illawarra, Shoalhaven and South Coast NSW • **Pay Rate:** $27.00 per hour

1. PERSONAL & CONTACT INFORMATION

Full Name:	
Date of Birth:	____ / ____ / _____
Residential Address:	
Phone Number:	
Email Address:	

2. IDENTIFIED POSITION CONFIRMATION & GATING COMPLIANCE

Please confirm your alignment with the program parameters and mandatory compliance gates:

Identified Position Affirmation:	[ ] I identify as an Aboriginal and/or Torres Strait Islander woman. *(Note: This is currently an identified position under Section 14 of the Anti-Discrimination Act 1977 NSW)*
Working With Children Check:	[ ] Current WWCC held Number: _____ Expiry: ____/ ____/____ [ ] Willingness to obtain immediately
First Aid Certificate:	[ ] Current First Aid held [ ] Willingness to obtain

3. MOTIVATION & CULTURAL VALUE ALIGNMENT

3.1 What inspires you to work with and support young Aboriginal girls and young women in our community?

3.2 Describe your understanding of cultural values or your connection to Aboriginal arts and community practices:

4. EXPERIENCE & BACKGROUND

4.1 Outline any experience you have in youth work, group facilitation, mentoring, or community leadership roles (desirable):

4.2 Briefly describe how you would go about building a trusting relationship and a safe space for program participants:

5. AVAILABILITY DETAILS

Day of the Week	Available Delivery Hours (e.g., Morning, Afternoon, After School)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

6. PROFESSIONAL / COMMUNITY REFEREES

Please provide two contactable referees who can affirm your character, cultural reliability, or experience.

Referee 1	Referee 2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone/Email: _____	Phone/Email: _____

7. DECLARATION & SIGN-OFF

Applicant Affirmation: I declare that all parameters, credentials, and answers filled out in this application form are true and accurate. I understand that any engagement as a mentor is conditional upon maintaining a valid Working With Children Check (WWCC) and adhering to RIPE Mentoring's cultural safety policies.

Applicant Signature

Name: _____

Date of Application

____ / ____ / 20___

Please submit this form along with your resume/expression of interest to:
admin@ripementoring.com.au