

Bump Application Form

I would like to be involved in the Bump mentoring program and come to the monthly workshops. I understand that I will be matched with a volunteer mentor who has been trained at TAFE, and can visit me at a mutually agreed place, like the park or a coffee shop, once a week for one hour in term time. I know the idea of having a mentor is having a positive role model to talk to who is an adult, but who is separate to others in my life. I understand that we will have time to talk about whatever I want to talk about each week, and that we could spend some time working on my goals. I understand that whatever we talk about is confidential and my mentor will not tell anyone else, unless I tell them that I am (or someone I know is) at risk of harm. I know that all mentors have been screened through proper Working With Children Security Clearances and I can trust them to be someone I can rely on and support me with my goals.

Personal Details

Full Name

Address

Post Code

Date of Birth

Age

Email

Phone No

Stage of Pregnancy or Age of Child/ren

Applicant - Reasons why I would like to participate in Bump and type of mentor I would like:

Referral Agency – Areas requiring assistance or applicant background as appropriate:

I/we give permission for photos taken as part of this program to be used for media or the Young Love website if necessary

Applicant Signature

Date

Referral Agency

Phone

Referral Name

Email

Parent Signature

Date

Completed applications should be submitted as soon as possible to The Young Love Foundation

The Young Love Foundation Pty Ltd is a registered charity currently applying for ITEC and DGR status
ACN 134 207 275

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