



NORTHERN LIGHTS
EDUCATIONAL SERVICES

Northern Lights Educational Services
335 Michael Cowpland Dr
Ottawa ON, K2M 2C5
Phone: 613-592-1999

Date:

Mentor Application Form

Northern Lights Educational Services
Youth Mentorship Program

Thank you for your interest in becoming a mentor with Northern Lights Educational Services. Mentors play an important role in supporting, guiding, and encouraging youth in a safe, respectful, and positive environment.

Please complete this application form carefully. Submitting an application does not guarantee acceptance. Approved applicants will be required to complete an interview, provide references, attend training, and submit a Vulnerable Sector Check before beginning.

1. Applicant Information

Full Legal Name: _____

Preferred Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

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Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Relationship to Emergency Contact: _____

2. Mentorship Interest

Why are you interested in becoming a mentor?

How did you hear about NLES?

Do you have previous experience working with children, youth, or vulnerable individuals?

Yes

No

If yes, please describe your experience:

What skills, strengths, hobbies, or interests would you bring to this mentorship program?

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Do you have any certifications that can be advantageous when working with youth e.g lifeguard, first aid?

4. Screening and Safety

Are you willing to complete a Vulnerable Sector Check if required for this role?

- Yes
- No

Have you ever been removed, suspended, or asked to leave a volunteer, employment, school, or youth-related role?

- Yes
- No
- Prefer to discuss privately

If yes, please explain briefly:

Do you agree to follow Northern Lights Educational Services' code of conduct, confidentiality rules, child/youth safety policy, and communication guidelines?

- Yes
- No

Do you understand that mentors must maintain appropriate boundaries with youth and follow all program safety rules?

- Yes
- No

5. References

Please provide two references. References should not be immediate family members whenever possible.

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Reference 1

Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

Reference 2

Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

Email Address: _____

6. Applicant Declaration and Consent

Please read and check each statement.

- I confirm that the information provided in this application is true and complete.
- I understand that submitting this application does not guarantee acceptance as a mentor.
- I understand that Northern Lights Educational Services may contact my references as part of the screening process.
- I understand that I may be required to complete training and provide a Vulnerable Sector Check before beginning my role.
- I have read and agree to follow all safety, confidentiality, communication, and conduct policies if accepted as a mentor.

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- I consent to Northern Lights Educational Services taking and using photos and/or videos of me during program activities, events, or volunteer work for organizational purposes, including newsletters, reports, social media, website, promotional materials, and community updates.
- I do not consent to the use of my photo/video for media or promotional purposes.

Applicant Full Name: _____

Applicant Signature: _____

Date: _____