APPLICATION TO JOIN THE LEAP PROGRAM AS A MENTOR



NAME OF YOUNG DISCIPLE/YOUNG LEADER

NAME AND CONTACT DETAILS OF PASTOR/MINISTER

(email preferred or postal address and phone number)

HOW LONG HAVE YOU ATTENDED THIS CHURCH?

NAME OF CHURCH YOU ATTEND

FULL NAME

ADDRESS

POST CODE EMAIL

REFERRAL (to be completed by your Pastor/Minister or a person nominated by them who has known you for a minimum of three years)

This page may be sent separately if the Referee prefers. Answers will be treated with strictest confidentiality.

Name of Mentor:

Name of Referee and capacity in which they complete this Referral:

Please comment on the Applicant’s skills as a potential Mentor for a young person:

Can the Applicant demonstrate an ability to form appropriate relationships with a young person, observing boundaries and working within the Church’s safeguarding policy as required?

Do you have any question marks about the Applicant’s suitability to work closely with a young person?

Are you happy for the Applicant to work as a mentor in your Church setting?

SIGNED: DATE:

SIGNED: (Pastor/Minister if referral is from a nominated representative):