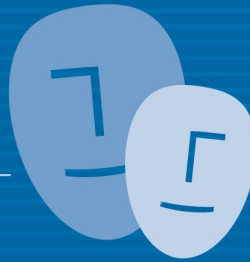


MENTORING



CAYMAN

Under the Distinguished Patronage of Her Excellency, the Governor Mrs. Helen Kilpatrick, CB

MENTOR APPLICATION

Name _____ Email Address _____

Occupation _____ Work Title: _____

Employer/Business _____ Business P.O. Box _____ KY1- _____

Business Physical Address _____

Work Phone _____ Fax Number _____ Cell Phone _____

Interests/Hobbies _____

Have you ever been charged or convicted of any offence (Yes or No)? _____ If so, give full particulars of the charge and if convicted the date of conviction, the offence, and the penalty imposed: _____

Have you previously participated in a Mentoring or Big Brothers/Big Sisters Programme (Yes or No)? _____ If so, give full details of date, programme, and training undertaken: _____

I understand that the student may confide in me as my role as mentor for him/her in the Programme, and will respect that confidentiality, not withstanding any legal violations or situations, which should be reported to the appropriate authority.

I agree for you to: apply for a police clearance certificate on my behalf or make enquiry to the RCIP regarding any criminal offences on my record or I will provide a police clearance certificate if requested prior to the start of the programme.

Employer's Signature _____ Date _____

Mentor's Signature _____ Date _____

PLEASE TYPE IN DETAILS AND EMAIL COMPLETED FORM TO THE CHAMBER OF COMMERCE TO
reception@caymanchamber.ky

Make a Difference ~ Become a Mentor Today!

P.O. Box 1000, Grand Cayman KY1-1102, Cayman Islands
Tel: (345) 949-8090 Fax: (345) 949-0220 Website: www.caymanchamber.ky