



Grande Prairie and District Grief Support Association  
10031 103 Ave, Grande Prairie, AB, T8V 1B9  
Phone: 780 876-0101  
Email: [information@gpgriefsupport.org](mailto:information@gpgriefsupport.org)  
Website: [www.gpgriefsupport.com](http://www.gpgriefsupport.com)

## JR MENTOR APPLICATION FORM

### GENERAL INFORMATION:

1. Full Name:

\_\_\_\_\_

First	Middle	Last
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2. Home Address:

\_\_\_\_\_

Street	City/Town	Postal Code
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3. Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

4. Are you over the age of 18? Yes / No

If no, please state when you will be 18: \_\_\_\_\_  
(DD/MM/YYYY)

5. Do you drive? Yes / No

### EMPLOYMENT INFORMATION:

6. Are you currently employed? Yes / No Occupation: \_\_\_\_\_

7. If yes, how long have you held your current job? \_\_\_\_\_

8. Name of Company: \_\_\_\_\_

9. Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

**EMERGENCY CONTACT INFORMATION:**

10. Emergency Contact Name: \_\_\_\_\_  
First Last

11. Emergency Contact Number: \_\_\_\_\_  
Home Cell

**PERSONAL:**

12. How many years of Camp have you attended? \_\_\_\_\_

13. Why would you like to be a Jr Mentor?

14. Describe some of your strengths.

15. What are you hoping to gain from this experience?

16. When are you able to volunteer?

The above information is accurate and correct to the best of my knowledge. I understand that any false information I have provided above will result in the rejection of my application and that any information provided may be verified prior to being accepted into the program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(If under 18) Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Affirmation of Confidentiality

I hereby affirm that my position as a Camp Heal-A-Heart **Junior Mentor** with Grande Prairie and District Grief Support Association is of a confidential nature. I understand that no document is to be copied other than for the purpose for which it is intended. Further, I agree that any knowledge gained as a result of my position or my presence within Grande Prairie and District Grief Support Association is, and will remain, confidential. I will exercise due care that the information I provide to others is strictly the information to which they are entitled.

I will not discuss specific facts and/or personal data concerning clients with members of the media and private citizens or other clients. I will not discuss my services with any member of the media without prior approval of the Program Administrator.

I have read the above "Affirmation of Confidentiality" and a vow that I will abide by the same.

Printed Name:

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Signature:

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Date:

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