



**CONFIDENTIAL**

**MINISTRY OF JUSTICE  
CHILD DIVERSION OFFICE  
APPLICATION FOR MENTORSHIP PROGRAMME**

**PLEASE TYPE OR PRINT.** Complete the entire application. You may attach a resume, but you must still complete all sections and questions; or your application will be deemed incomplete and may not be considered. You **must be 18 years of age or older to apply.** The information disclosed herewith will be held in the strictest confidence and will only be used for official purposes.

We will require the following documents and you will be contacted for the following documents: **1. Photograph 2. Proof of current address. 3. A POLICE RECORD will also be required, we will assist in this.**

Section 1: Application Information				
1. Surname (Last Name)		(Passport Picture)		
2. First and Middle Names				
3. Maiden Name if Applicable:				
4. Previous name if name has been changed other than by marriage:				
5. Date of Birth:		6. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
7. Home Address				
8. City/Town		9. Parish		
9. Home Phone		10. Work Phone.		
11. Email Address:		12. Alternate Email Address:		
13. Mailing Address, if different from above		14. Have you ever been convicted of a criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Section 2: Educational Background				
Name of School	Address	When did or will you Graduate?	Degree Received or pending?	Major /Area of Focus
<b>Post Graduate</b> (for example a Masters Level Degree)				
<b>University/College</b> (for example Undergraduate- Bachelor's or Associate Degree)				
<b>Technical Vocational/Skills Training</b>				
<b>High School</b>				
Have you passed the following CXC/CSEC Subjects?				
Mathematics <input type="checkbox"/> Yes <input type="checkbox"/> No				
English Language <input type="checkbox"/> Yes <input type="checkbox"/> No				



Describe the service that you gave, including any major tasks or accomplishments.

Do you have any specific experience in Mediation, Conflict Resolution, Counseling, or any other Alternative Dispute Resolution (ADR) method? If so, please describe it here.

Please detail the contact information of two (2) Character References.

**Section 5: Reference Information**

Last Name:		First and Middle Name	
Position		Relationship to you	
Work/ Home or Mailing Address:		City/Town:	Parish:
Work Phone:	Home Phone:	Other Phone:	Fax Number:
Email Address:		Other Email Address:	

Last Name:		First and Middle Name	
Position		Relationship to you	
Work / Home or Mailing Address:		City/Town:	Parish:
Work Phone:	Home Phone:	Other Phone:	Fax Number:
Email Address:		Other Email Address:	

This section will allow you to give us information that will help us know how to schedule your service.

**Section 6: Work Preferences**

Please select the days and times that you are able to volunteer. Morning Sessions will be **8:00 a.m. to 12:00 noon.**  
 Afternoon Sessions will be **12:00 noon to 5:00 p.m.** Evening Sessions will be **5:00 p.m. and after**

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Are there any specific area in which you would prefer to serve? If so, Please list them in order of preference from most preferred at number one to least preferred at number 4.

1 \_\_\_\_\_ 3 \_\_\_\_\_  
 2 \_\_\_\_\_ 4 \_\_\_\_\_

Do you have any physical disabilities that we might need to make special arrangements to accommodate? If so, please describe them.

**MENTOR AGREEMENT**

I accept the invitation to act as a Mentor as outlined under the *Child Diversion Act, 2018* and I affirm that the information provided above is true. I agree to respectfully work under the directives of the Child Diversion Office and in accordance with the *Child Diversion Act, 2018* and the protocols of the Mentorship Programme to the best of my ability. I will not divulge or discuss any matter relating to either the child victim or the child in conflict with the law or any other information of a sensitive or confidential nature. I understand that any misconduct may result in my dismissal and, where applicable, prosecution.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**FOR OFFICIAL USE ONLY**

**Documents Checklist**

- ONE Passport Sized Picture
- Police Report
- Copy of Birth Certificate
- Copy of TRN
- Copy of National ID Card or Drivers License or Passport
- Proof of Current Address
- Sex Offender Registry Check

Certified by \_\_\_\_\_ Date \_\_\_\_\_

Application Received by:

Last Name : \_\_\_\_\_

First Name \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by:

Last Name : \_\_\_\_\_

First Name \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your interest in serving as a Mentor within the Child Diversion Programme. We will be in touch to provide necessary updates on the way forward. Kindly complete and return this form in hard copy or electronically to:

**The Ministry of Justice  
Child Diversion Head Office  
61 Constant Spring Road,  
Kingston 10  
Email: [childdiversion@moj.gov.jm](mailto:childdiversion@moj.gov.jm)**