

IMPACT MENTORING PROGRAM

Mentee Application To be completed by case worker

Personal Information

Name: _____ Date: _____

Current Guardian: _____

Current Residence: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Date of Birth ___/___/_____ Gender: Male Female

Ethnicity: _____

Please list any prior placements with notes if necessary.

Please list any disability, hardship, or other information that would be important in pairing with a mentor.

IMPACT MENTORING PROGRAM

Mentee Interest Survey

To be completed by Mentee

Name: _____ Date: _____

Please complete all the following. This survey will help Impact Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: _____ Lunchtime: _____ After school: _____

Evenings: _____ Weekends: _____ Other: _____

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

IMPACT MENTORING PROGRAM

Mentee Contract

Name: _____

Date: _____

By choosing to participate in the Impact Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the Case Managers, program policies, and this contract
- Make a one-year commitment to being matched with my mentor
- Meet at least four hours per month with my mentor
- Make at least weekly contact with my mentor
- Be on time for scheduled meetings or call my Mentor at least 24 hours beforehand if I am unable to make a meeting
- Participate in at least one group activity per quarter (totaling to 4 annually).

_____ (please initial) I understand that upon match closure, future contact with my Mentor is beyond the scope of the Impact Mentoring Program and may happen only by the mutual consensus of the Mentor, the mentee, and parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the Case Managers at this time or in the future.

(Signature) _____

(Date) _____