

Your Agency Name Here

Youth Mentoring Program

Mentee Interview and Interest Survey

(To be completed by Program Staff interviewing youth)

Office Use Only

Date Received _____

Received By _____

Youth General Information

Office Code _____

Youth Name (Last, First, Middle Initial)	Birth date (MM/DD/YYYY) ____/____/____	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
--	---	-----	--

Interviewer Notes

I need to ask a number of questions about you that will help me in matching you with a mentor. Some of the questions are personal and I want you to know that what you tell me will be confidential, meaning I won't tell your parents unless you give me permission. However, I am required to report anything that indicates you have done, or may do, harm to yourself or others. And some information, such as what you would like to do with a mentor or things you are interested in may be shared with a prospective mentor. Do you understand?

Program Interest and Commitment

Why do you think you'd like to have a mentor?
What type of person would you like to be matched with?
Will you be able to fulfill the commitments of the program – at least one hour a week with your mentor for one year?
Are you willing to go to an initial mentee training session with other mentees?
One of the program requirements is to communicate with program staff once a month about your relationship with your mentor. Are you okay doing that?

Hobbies, Interests, and Friends

How do you like school?
What is your favorite subject in school? Your least favorite?
What are some favorite things you like to do with other people?
What other hobbies or interests do you have?
What types of things would you like to do with a mentor?
Tell me about your friends.
How would your friends or family describe you?
If you could learn something new, what would it be?
What do you want to be when you grow up?

What do you like to do on a Saturday?
Do you have any questions about the program for me?

Turn over to complete

Activity Checklist

<input type="checkbox"/> Walking	<input type="checkbox"/> Running	<input type="checkbox"/> Hiking	<input type="checkbox"/> Cooking	<input type="checkbox"/> Eating
<input type="checkbox"/> Drawing	<input type="checkbox"/> Crafts	<input type="checkbox"/> Library	<input type="checkbox"/> Gardening	<input type="checkbox"/> Biking
<input type="checkbox"/> Photography	<input type="checkbox"/> Movies	<input type="checkbox"/> Music	<input type="checkbox"/> Playing sports. Which?	<input type="checkbox"/> Watching sports? Which?
<input type="checkbox"/> Fishing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Boating		
<input type="checkbox"/> Museums	<input type="checkbox"/> Animals	<input type="checkbox"/> Science	<input type="checkbox"/> Card Games/Board Games	<input type="checkbox"/> Shopping
<input type="checkbox"/> Going to parks	<input type="checkbox"/> Camping	<input type="checkbox"/> Ice skating	<input type="checkbox"/> Miniature Golf	<input type="checkbox"/> Helping other people
Other ideas:				

Additional Interviewer Comments

