



COMMUNITY CONNECTIONS YOUTH MENTORING PROGRAM

Mentor Interest Survey

Name: _____

Date: _____

Please complete all the following. This survey will help the Community Connections Youth 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 mentee?
Please check all that apply:

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___
Other: ___

Please indicate age group(s) and/or you are interested in working with:
Age : ___10-12 ___13-15 ___16-18

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

Would you be interested in working with a child with special needs? (I.E. Autism spectrum, cognitive delay etc.)

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

What are your favorite subjects to read about?

What is your job and how did you choose this field?



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 circle all activities you are interested in, or list any other areas of strong interest:

Biking	Camping	Music	Sports	Yoga
Hiking	Boating	Science	Cooking	Library
Golf	Swimming	Gardening	Parks	Movies
Fishing	Animals	Eating	Board Games	Shopping

Please add any addition activities or interests: