

Mentor/Mentee Activities and Interest Mentor Match Form



This match form is confidential. Information will not be shared outside the management team except with your prior knowledge.

CONTACT INFORMATION			
Name:		Today's Date:	
Address:		Birthdate:	
Primary Phone:		Best Time to be Contacted:	
Alternative Phone:		Language Spoken:	
E-mail:		Primary Mode of Transportation:	
BACKGROUND INFORMATION			
Marital Status	<input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other	Spouse/Partner's Name	
Number of Children		Ages of Children	
Employer:		Occupation	
Typical Work Hours:			
PERSONALITY DATA			

Check any other of the words that you feel describe your personality.

<input type="checkbox"/> Adventurous	<input type="checkbox"/> Compassionate	<input type="checkbox"/> Confident	<input type="checkbox"/> Creative
<input type="checkbox"/> Easygoing	<input type="checkbox"/> Funny	<input type="checkbox"/> Health Conscious	<input type="checkbox"/> High Energy
<input type="checkbox"/> Introverted	<input type="checkbox"/> Optimistic	<input type="checkbox"/> Outgoing	<input type="checkbox"/> Quiet
<input type="checkbox"/> Sensitive	<input type="checkbox"/> Serious	<input type="checkbox"/> Spiritual	<input type="checkbox"/> Spontaneous

Describe yourself in 3 words:

CRIMINAL BACKGROUND AND AODA		
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Please note these questions do not disqualify you. Your honesty and forthrightness will help us to develop a placement

Have you ever been convicted of a crime or are you currently facing open charges?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:	
Do you have a history of drug or alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain including last date used:	

What supports have you placed in your life to help your sobriety?		
Would you be willing to openly discuss your story with a mentee?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please how would you approach this?	
QUESTIONNAIRE		
Why would you like to be a mentor?		
What would you like to get out of being a mentor?		
Please share any life experiences you feel would be helpful to know in making a placement:		
Hours of availability for Mentoring:		
Hobbies/Interest/Sports:		
Mentee Request (Age, Disability, Addictions, Interest, Religious Affiliation, etc.)		
Topics you feel comfortable discussing:	<input type="checkbox"/> Criminal Background <input type="checkbox"/> Drug and alcohol <input type="checkbox"/> Education <input type="checkbox"/> Faith/Religion <input type="checkbox"/> Housing <input type="checkbox"/> Mental Illness <input type="checkbox"/> Relationship Issues <input type="checkbox"/> Sports/Leisure <input type="checkbox"/> Vocation/Goals <input type="checkbox"/> Other: _____	
Are the any topics you do not feel comfortable discussing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate:
Any additional information you would like to share:		

AGREEMENT

1. The above information is true to the best of my knowledge. I understand that Transformation Change is not obligated to assign, or actively seek to assign, a mentee to the applicant. I further agree to allow the volunteers of Transformation Change to elicit additional pertinent information as part of the matching process.
2. When I am placed with a mentee, I agree to the commitment and will participate to the best of my ability. I will honor confidential information regarding my mentee.
3. I will inform Transformation Change of any changes in my address and/or phone number. I will inform Transformation Change in advance should I stop volunteering.
4. I agree to have my information inputted into the Crossing the Bridge database and shared with other organizations for resources.

AGREEMENT

Signature:	
Name:	
Date:	

FOR OFFICE USE ONLY

Date received: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Matched Name: _____
Mentor notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff & Date: _____	Method contacted: _____
Notes:		