

# Mentor/Mentee Activities and Interests

## 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:		Languages 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 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

*Please note these questions do not disqualify you. Your honesty and forthrightness will help us work 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 <b><i>If yes, please explain:</i></b>	
Do you have a history of drug or alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If yes, please explain including last date used:</i></b>	
What supports have you placed in your life to help you in your sobriety?		
Would you be willing to openly discuss your story with a mentee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If yes, how would you approach this?</i></b>	

## 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/Interests/Sports:			
Mentee Requests (Age, Disability, Addiction, Interests, Religious Affiliation, etc.)			
Are there any personal characteristics you are uncomfortable working with? (Please be honest as this will help us make a successful placement.)			
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 there any topics you do <b>not</b> feel comfortable discussing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i><b>If Yes, please indicate:</b></i>	
Any additional information you would like to share:			

## AGREEMENT

1. The above information is true to the best of my knowledge. I understand that St. John's is not obligated to assign, or actively seek to assign, a mentee to the applicant. I further agree to allow the staff of St. John's Shelter 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. I will be free of the influence of alcohol or illegal drugs when with shelter guests on or off shelter property.
3. I will inform staff of any changes in my address and/or phone number. I will inform staff in advance should I choose to stop volunteering.

## SIGNATURE

Signature:	
Name:	
Date:	

**NOTE: PLEASE TURN THIS FORM OVER AND COMPLETE THE INTERESTS CHECKLIST ON THE BACK PAGE.**

**PLEASE RETURN THIS APPLICATION TO:  
ST. JOHN THE EVANGELIST HOMELESS SHELTER  
ATTN: COMMUNITY MENTORSHIP  
PO Box 1743  
GREEN BAY, WI 54305**

**IF YOU WOULD LIKE TO CHECK THE STATUS OF YOUR APPLICATION, PLEASE CALL (920) 436-9344.**

**THANK YOU AND WE LOOK FORWARD TO PLACING YOU WITH A MENTEE!**

## FOR OFFICE USE ONLY

Date Received: _____	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Match Name: _____
Mentor Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Staff & Date: _____	Method Contacted: _____
Notes:		

# Mentor/Mentee Activities and Interests

PLACE A  NEXT TO ACTIVITIES YOU ENJOY.

WHEN OPTIONS ARE PRESENTED IN (PARENTHESES) CIRCLE WHAT APPLIES.



## ARTS AND CRAFTS

- Bead work
- Carving
- Crocheting
- Drawing
- Fashion/Fashion Design
- Interior Design
- Knitting
- Painting
- Scrapbooking
- Sewing
- Quilting
- Woodworking
- Other: \_\_\_\_\_

## RECREATION AND ENTERTAINMENT

- Bike Riding
- Board Games
- Boating
- Canoeing
- Coffee Shops
- Collect Things
- Concerts
- Cooking
- Dancing
- Fishing
- Four wheeling
- Hiking
- Horseback Riding
- Local Festivals (Artstreet, Winterfest, etc.)
- Model Cars
- Movies
- Museums
- Music
- Musical Instrument

\_\_\_\_\_  
\_\_\_\_\_

- Playing Cards
- Plays/Acting
- Picnicking
- Pool, pinball, foosball
- Reading
- Running
- Shopping
- Singing
- Video Games
- Walking
- Working on Cars
- Writing
- Other: \_\_\_\_\_

## SCIENCE/TECHNOLOGY

- Animals
- Astronomy
- Computers
- Gardening
- Local Travel
- Nature
- Photography
- Taking Things Apart

## SPORTS

- Baseball (Playing/Watching)
- Basketball (Playing/Watching)
- Bowling
- College Sports
- Football (Playing/Watching)
- Frisbee or Disc Golf
- Golf (Playing/Watching)
- Go-Karting
- Hockey
- Ice Skating
- Martial Arts
- Mini Golf
- Ping Pong
- Racing

- Roller Skating
- Skiing (Downhill, Cross Country)
- Sledding
- Snowboarding
- Snowmobiling
- Swimming
- Tennis
- Volleyball
- Weightlifting
- Wrestling
- Other: \_\_\_\_\_

*Of the choices you checked, please list your top 5:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Favorite Candy:

Favorite Food:

Favorite Restaurant:

Favorite TV Show:

Favorite Musical Group: