

## Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help One Hope United's 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) you are interested in working with:

Age: \_\_\_ 11-14 \_\_\_ 15-18 \_\_\_ 19-21 Ethnicity: \_\_\_\_\_

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

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. \_\_\_\_\_

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

What is one goal you have for the future?

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