



MADISON YOUTH AND FAMILY SERVICES

10 School Street
Madison, Connecticut 06443-2691

Phone: (203) 245-5645

Fax: (203) 245-5648

MENTORING MATTERS

PEER MENTOR REGISTRATION

Mentoring meets on Mondays from 2:50 – 4:15pm during the 2015-16 school year.

Date _____

Name _____ Date of Birth _____

Address _____

Phone _____ Email _____

Grade _____ Guidance Counselor _____

Parents/guardians, please complete the following:

Name(s) _____

Address (if different from above) _____

Phone _____ Email _____

If we cannot reach you, who else should we contact in case of emergency?

Name: _____

Relationship to the child: _____

Telephone: _____

Does your child have any allergies, medical conditions or other concerns we should be aware of?

I give my permission for _____ to participate in Mentoring Matters. I understand that he/she must have his/her own transportation to and from Brown and that his/her name and/or photo will be used in print and online by Madison Youth & Family Services to recognize and promote this program.

Parent/Guardian Signature

Mentors, please answer these questions to help us find the best mentee match for you:

Are you able to commit to this program for the entire school year? Yes No
If not, which seasons (Fall, Winter, Spring) are you unavailable?

Do You Work Part Time? _____ If so, Where _____ Hours _____

What other activities are you involved with through school or community groups?

Why do you want to become a Peer Mentor?

What experience do you have working with kids (babysitting, etc.)?

What are your goals for this school year?

Where do you see yourself in 5 years?

Do you have any illnesses that would place limitations on your activities? If yes, please explain:

Please provide three references that we can contact to learn more about you (two adult and one peer reference - no family members):

1. Name _____

Address _____

Town _____

Phone _____

2. Name _____

Address _____

Town _____

Phone _____

3. Name _____

Address _____

Town _____

Phone _____

MENTOR/MENTEE SURVEY

We will use this info to match you with your mentor. To help you learn about each other, we will share some of your answers with him/her, and you will get to see his/her responses, too.

Name _____ Age _____ Date _____

What name do you like your friends to call you? _____

ABOUT MENTORING

Name your three favorite activities:

1. _____

2. _____

3. _____

Name your three least favorite activities:

1. _____

2. _____

3. _____

How would you describe yourself to someone who doesn't know you?

What kind of person would you like for a Mentor? _____

Do you have any questions for us about this program? _____

ABOUT YOU

Do you have any pets? What Kind? Names? _____

If not, would you like to have a pet someday? What kind? _____

Do you play a musical instrument? What kind? _____

Would you like to learn to play one someday? What kind? _____

Do you like to read? _____ What are your favorite books, authors? _____

Do you like to watch TV? _____ Which are your favorite shows? _____

Do you like to see movies? _____ Which are your favorites? _____

Do you have any favorite celebrities from TV, movies, sports or the news? _____

What are your favorite foods? _____

What foods don't you like? _____

What things do you like the best about school?

What do you like least about school? _____

What are two goals you have for this school year?

Besides your parents, do you feel close to any other adults? _____ Who and why?

What do you and your friends like to do? _____

What are three words to describe your closest friends? _____

Do you belong to any clubs or religious groups or participate in any other activities (scouts, choir, Y etc.)?

What things are you afraid of or worried about? _____

If you had three wishes, what would you wish for?

1. _____
2. _____
3. _____

If you had superhero powers, what good thing with you do with them? _____

Please return via email to sandlerk@madisonct.org or drop off at Madison Youth & Family Services, 10 School Street.

Thank you!
Kristin Sandler
Mentoring Matters coordinator
sandlerk@madisonct.org
(203) 245-5645