



**MADISON YOUTH AND FAMILY SERVICES**  
10 School Street  
Madison, Connecticut 06443-2691

Phone: (203) 245-5645  
Fax: (203) 245-5648

## **MENTORING MATTERS**

### **MENTEE REGISTRATION**

*Mentoring meets on Mondays from 3:00 – 4:15pm during the 2015-16 school year*

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Why do you want feel it is important to have a mentor?

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

Can you commit yourself to the program for the entire year? \_\_\_\_\_

If not, what seasons (Fall, Winter, Spring) are you unavailable?

#### **Parents/guardians, please complete the following:**

Name(s) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**Can we send you text updates about the program?** Yes No

**Can your email be shared with the group?** Yes No

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?

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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.

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*Parent/Guardian Signature*

# 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? \_\_\_\_\_

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**Please return via email to [sandlerk@madisonct.org](mailto:sandlerk@madisonct.org) or drop off at Madison Youth & Family Services, 10 School Street.**

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