



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 at Brown Middle School on Tuesdays from 2:45-4:15pm.

Date _____

PARENT/GUARDIAN:

Name(s) _____

Address _____

Phone _____ (cell/home) Email _____

If we cannot reach you, whom 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? (Yes/No)
If yes, please explain: _____

_____ 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.

_____ I give Madison Youth & Family Services permission to photograph my child, and understand that his/her name and/or photo may be used in print and online by Madison Youth & Family Services to recognize and promote this program.

Parent/Guardian Signature

MENTOR:

Name _____ Date of Birth _____

Address (If different from above): _____

Phone _____ (cell/home) Email _____

Grade _____ Guidance Counselor _____

Mentors, please answer the following:

1. Why do you want to become a Mentor?
2. What experience do you have working with kids (babysitting, youth group, etc.)?
3. Are you able to commit to this program for the entire school year? (Yes/No). If not, which seasons (Fall, Winter, Spring) or months are you **unavailable**? _____
4. Do You Work Part Time? (Yes/No) If yes, where? _____ Hours: _____
5. What other activities/sports/extracurriculars are you involved in during the school year, either through school or outside groups?
6. What are your goals for this school year?
7. Where do you see yourself in 5 years?
8. Do you have any medical conditions that would place limitations on your activities? (Yes/No) If yes, please explain:

Provide two references (one adult and one peer) whom we can contact to learn more about you (no family members please):

1. Name _____
City/Town _____
Phone _____
2. Name _____
City/Town _____
Phone _____

MENTOR/MENTEE SURVEY

We will use this info to match you with a mentee/mentor. To help you learn about one another, we may share some of your answers with him/her, and you will see his/her responses, too.

Name _____ Age _____

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

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 your Mentee?

ABOUT YOU

Do you have any pets? _____ What Kind? _____

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 watch 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 do you like the best about school? _____

What do you find most difficult about school? _____

Besides your parents, are there other adults in your life whom you feel close to? _____

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. _____

Is there anything else you'd like for us to know about you? _____

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

Please return via email to volzk@madisonct.org or drop off at Madison Youth & Family Services.

Thank you!



IMAGE RELEASE FORM

Dear Parent/Guardian,

Madison Youth and Family Services(MYFS) typically takes pictures and/or videos of events or programs that we run for the purpose of promoting the event or program on our website and/or social media including MYFS Facebook page and Instagram.

Before utilizing the recorded image (photograph/video) of a child participating in one of our events or programs, Madison Youth and Family Services requires parent/guardian permission. As your child may have or will participate in an MYFS event or program, please fill in your Child's Name in the spaces below and check **Yes** or **No**.

Child's Name:

___**Yes**, I give Madison Youth and Family Services permission to photograph/video and use any images on their website and/or social media pages.

___**No**, I do not give Madison Youth and Family Services permission to photograph/video and use any images on their website and/or social media pages

Name of parent/guardian:

Parent Signature: _____ Date of signature: _____

Parent/guardian email address:
