



**MENTOR QUESTIONNAIRE**

Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Education: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Do you have volunteer/ work experience with women in crisis? Yes No

If yes, please explain: \_\_\_\_\_

Are you able to volunteer 2 hours per week? Yes No

To assist us in the student-to-mentor matching process, please circle each of the following that best describes you:

- |                |                          |                |
|----------------|--------------------------|----------------|
| cheerful       | like to be around people | always on time |
| shy            | creative                 | open minded    |
| self-motivated | dependable               | good listener  |
| active         | leader                   | great talker   |
| thoughtful     | sensitive                | patient        |
| organized      | easy going               | fair           |

Are you academically oriented? Yes No

Best Subjects: \_\_\_\_\_

Do you like music? Yes No

Instrument you play: \_\_\_\_\_

Music you listen to: \_\_\_\_\_

Do you like sports? Yes No

Sports you participate in: \_\_\_\_\_

Sports you enjoy watching: \_\_\_\_\_

What is the language your family uses at home? \_\_\_\_\_

Rank each of the following according to your interests:

1 = interested 2 = somewhat interested 3 = not interested

\_\_\_\_\_ health and wellness \_\_\_\_\_ movies

\_\_\_\_\_ improving study habits \_\_\_\_\_ computer projects

\_\_\_\_\_ holiday events \_\_\_\_\_ science projects

\_\_\_\_\_ reading \_\_\_\_\_ music (concerts, playing an instrument, listening)

\_\_\_\_\_ DIY projects \_\_\_\_\_ collecting (coins, memorabilia, cars, etc.)

\_\_\_\_\_ photography \_\_\_\_\_ animals (zoos, farms, pets)

\_\_\_\_\_ help with activities \_\_\_\_\_ indoor activities

\_\_\_\_\_ shopping \_\_\_\_\_ outdoor activities

\_\_\_\_\_ career advancement \_\_\_\_\_ other, please explain: \_\_\_\_\_

Briefly list current and past work experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language? Yes No

Language(s): \_\_\_\_\_

List any other interest or hobbies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When may we contact you for an interview?

Best Day(s): \_\_\_\_\_ Best Time: \_\_\_\_\_

Please provide three references:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

**MENTOR RELEASE FORM Release of Confidential Information**

I understand that it will be necessary for THTLB Mentoring Program to investigate my background. I hereby give my consent for this information exchange and authorize the release of any information requested by the THTLB. I understand that the agencies to be contacted may include employers, courts, law enforcement, social services, and any other persons or agencies with whom I have had contact. I also agree to allow THTLB to release my photo and or likeness for including but not limited to promotional purposes.

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Signature of Mentor \_\_\_\_\_ Date \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes / No  
If yes, please attach explanation of when, where, and disposition of case(s).

Were you ever discharged or forced to resign from a position? Yes / No  
If yes, please attach explanation.

*I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or false statement made by me on this application, or any supplement to it, will be sufficient grounds for non-acceptance into the program. Please note, a "yes" answer does not necessarily exclude you from participating in the mentoring program.*

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Signature of Mentor \_\_\_\_\_ Date \_\_\_\_\_

NOTE Requirements *may* include:

- Fingerprint check through Maricopa County Sheriff's Office • Check of references
- Copy of DMV printout and auto insurance • Personal interview
- Attend a training session(s)

Questions? Concerns? Comments? Call 1 (833) 258-5683

Thank you for completing this questionnaire.

Please return it to:

The House That Love Built Mentoring Program

500 N Estrella Pkwy, Ste#B2-206

Goodyear, Arizona 85338