



## ☀ Strong Survivors Mentorship Program – Feedback Survey ☀

*Your voice matters. Help us improve and grow!*

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### ◆ Participant Information

*(Optional unless marked with an asterisk)*

- **Name (Optional):** \_\_\_\_\_
  - **Age Range: \***
    - ☐ 13-17
    - ☐ 18-24
    - ☐ 25-29
    - ☐ 30+
  - **Are you a: \***
    - ☐ Mentee
    - ☐ Mentor
    - ☐ Volunteer
    - ☐ Donor/Supporter
    - ☐ Parent/Guardian
    - ☐ Other: \_\_\_\_\_
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### ◆ Program Experience

- **How did you hear about the Strong Survivors Mentorship Program?**
  - ☐ Social Media
  - ☐ Friend or Family
  - ☐ School or Organization
  - ☐ Community Event
  - ☐ Other: \_\_\_\_\_
- **On a scale from 1 to 5, how would you rate your overall experience? \***
  - ☐ 1 – Poor
  - ☐ 2 – Fair

- ☐ 3 – Good
- ☐ 4 – Very Good
- ☐ 5 – Excellent

- **What part of the program did you find most valuable? (Check all that apply)**

- ☐ Mentorship
- ☐ Mental Health Workshops
- ☐ Community Events
- ☐ Support Groups
- ☐ Guest Speakers
- ☐ Resources/Referrals
- ☐ Other: \_\_\_\_\_

- **What challenges or barriers did you face while participating in the program?**

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- **What suggestions do you have for improving the program?**

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◆ **Impact & Outcomes**

As a result of this program, do you feel: (Check all that apply)

- ☐ More confident
- ☐ Less isolated
- ☐ More supported
- ☐ More knowledgeable about mental health
- ☐ Connected to a community
- ☐ Inspired to give back
- ☐ Other: \_\_\_\_\_

- **Would you recommend this program to others? \***

- ☐ Yes
- ☐ No
- ☐ Maybe

- **Are you interested in continuing with the program?**

- ☐ Yes
- ☐ No
- ☐ Maybe

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◆ **Pre-Program Survey – Mentees**

*Your answers will help us match you with the right mentor and support your growth journey.*

- **Name:** \_\_\_\_\_
- **Age:** \_\_\_\_\_
- **Phone/Email:** \_\_\_\_\_
- **Preferred Contact Method:** ☐ Text ☐ Call ☐ Email
- **Location (City/State):** \_\_\_\_\_
- **School/Work (if applicable):** \_\_\_\_\_

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◆ **Getting to Know You**

- **Why are you interested in joining the Strong Survivors Mentorship Program?**

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- **What are some goals you hope to accomplish during the program? (Check all that apply)**
    - ☐ Build self-confidence
    - ☐ Learn life skills
    - ☐ Improve mental/emotional health
    - ☐ Gain support from a mentor
    - ☐ Set academic/career goals
    - ☐ Be part of a safe, empowering community
    - ☐ Other: \_\_\_\_\_
  - **What topics or support areas are most important to you? (Check all that apply)**
    - ☐ Mental health & wellness
    - ☐ School or career planning
    - ☐ Relationships & communication
    - ☐ Dealing with stress, anxiety, or depression
    - ☐ Goal setting
    - ☐ Identity, culture, or self-worth

☐ Parenting or family challenges (if applicable)

☐ Other: \_\_\_\_\_

- **Do you have any preferences in a mentor? (Age, background, experience, etc.)**

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- **Are there any challenges that may impact your participation in the program? (Transportation, childcare, scheduling, etc.)**
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◆ **Self-Check In (Optional)**

On a scale of 1–5, how would you currently rate the following?

Area	1 = Low	2 3 4 5 = High
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Self-confidence	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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Mental wellness	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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Support system	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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Hope for the future	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
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- **Anything else you'd like to share with us?**

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● **Pre-Program Survey – Mentors**

*Help us understand your goals, experience, and availability to best match you with a mentee.*

- **Name:** \_\_\_\_\_
- **Age:** \_\_\_\_\_
- **Phone/Email:** \_\_\_\_\_
- **Preferred Contact Method:** ☐ Text ☐ Call ☐ Email
- **Location (City/State):** \_\_\_\_\_

- **Occupation/Professional Background:** \_\_\_\_\_
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◆ **Mentor Insight**

- **Why do you want to serve as a mentor with Strong Survivors?**
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- **What strengths or life experiences do you bring to the mentorship role?  
(Check all that apply)**

- ☐ Mental health awareness
- ☐ Leadership
- ☐ Single parenting experience
- ☐ Overcoming trauma/adversity
- ☐ Community engagement
- ☐ Career or academic coaching
- ☐ Spiritual/faith-based support
- ☐ Other: \_\_\_\_\_

- **Are there any specific age groups or needs you feel most comfortable mentoring?**

- ☐ 13-17
- ☐ 18-24
- ☐ 25-29
- ☐ Open to any

- **How much time can you commit per month?**

- ☐ 1-2 hours/week
- ☐ 3-5 hours/week
- ☐ Only during monthly events
- ☐ Flexible

- **Are you open to virtual mentoring?**

- ☐ Yes
- ☐ No
- ☐ Either is fine

- **Are there any limitations or needs we should be aware of (scheduling, transportation, etc.)?**
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◆ **Expectations & Readiness**

- **What do you hope to gain from this experience personally and professionally?**

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- **Do you have any past mentoring or volunteer experience?**

☐ Yes – please briefly describe:

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☐ No – but excited to get started!

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**Thank you for your participation!**

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