



Strong Survivors Mentorship Program – Mentee Sign-Up Form

Thank you for your interest in the Strong Survivors Mentorship Program. This form helps us understand your goals and preferences so we can match you with the most suitable mentor. Please fill out the information below to get started.

Personal Information

- **Full Name:** _____
 - **Age:** _____
 - **Date of Birth:** _____
 - **Gender:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Location (City/State):** _____
 - **School/Work (if applicable):** _____
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Parent/Guardian Information (If Under 18)

- **Parent/Guardian Name:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Relationship to Mentee:** _____
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Program Participation

1. Why are you interested in joining the Strong Survivors Mentorship Program?

(Please share your reasons and what you hope to gain from being part of the program.)

2. 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: _____

3. 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: _____

4. Do you have any preferences in a mentor?

(Age, gender, background, or specific qualities you're looking for.)

5. Are there any challenges or barriers that might affect your participation in the program?

(Transportation, childcare, scheduling, etc.)

Self-Assessment (Optional)

On a scale of 1–5, please rate how you feel in the following areas (1 = Low, 5 = High):

- **Self-confidence:** ☐1 ☐2 ☐3 ☐4 ☐5
 - **Mental wellness:** ☐1 ☐2 ☐3 ☐4 ☐5
 - **Support system:** ☐1 ☐2 ☐3 ☐4 ☐5
 - **Hope for the future:** ☐1 ☐2 ☐3 ☐4 ☐5
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Preferred Communication

How would you like to communicate with your mentor?

- ☐ Text
 - ☐ Phone Call
 - ☐ Email
 - ☐ Virtual Meeting (Zoom/Skype, etc.)
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Consent and Agreement

- **I give my consent to participate in the Strong Survivors Mentorship Program.**
(If under 18, parent/guardian signature required)
 - **I understand that the mentorship relationship is a safe, confidential space, and I will engage respectfully with my mentor.**
 - **I agree to attend scheduled sessions and communicate openly with my mentor to work toward my goals.**
 - **Signature of Mentee (if over 18):** _____
 - **Signature of Parent/Guardian (if under 18):** _____
 - **Date:** _____
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For Program Use Only

- **Assigned Mentor Name:** _____

- **Mentor Match Date:** _____
- **Program Coordinator Name:** _____

Thank you for signing up for the Strong Survivors Mentorship Program! We look forward to supporting you on your journey.