

## **Mentor Interest Survey**

Name:	Date:
Please complete all the following. This surve	ey will help the T.R.U.E Mentoring Program know more about you and your
interests and help us find a good match for	you.
What are the most convenient times for you	to meet with your mentee? Please check all that apply.
Weekdays	
After school	
Evenings	
Weekends	
Other	
Please indicate age group(s) you are interested	ed in working with:
☐ 6–11	
12–15	
<u> </u>	
Do you speak any languages other than Eng	glish? If so, which languages?
Would you be willing to work with a child wwork with.	who has disabilities? If so, please specify disabilities you would be willing to
What are some favorite things you like to do	o with other people?
What are your favorite subjects to read abou	1t?
What is your job and how did you choose th	nis field?

What is one goal you have set for the future?	
If you could learn something new, what would it be?	
What person do you most admire and why?	
Describe your ideal Saturday.	
Please check all activities you are interested in:	
Biking	
Camping	
☐ Science	
Cooking Library Hiking Boating	
Library	
Hiking	
Boating	
Music Music	
Sports	
Yoga / Golf	
Swimming	
Gardening	
Parks	
Movies	
☐ Fishing ☐ Animals/Pets	
Painting/Photos	
☐ Painting/Photos ☐ Board Games	
Shopping	
- onopping	

List any other areas of strong interest: