

PROJECT P.L.A.Y. MENTOR PROFILE FORM

*Thank you for your interest in becoming a Mentor. We appreciate you taking the time to provide the information requested below. The information provided is **confidential**, and will not be shared without your permission.*

NAME: _____ GENDER: _____

TELEPHONE: _____ WORK: _____ CELL: _____

HOME ADDRESS: _____

E-MAIL: _____ CAN WE CALL YOU AT WORK? Y N

BEST TIME & PLACE TO REACH YOU: _____

BACKGROUND INFORMATION

1. Ethnicity _____

2. Age _____ D.O.B _____

Are you married? _____ In a long term relationship? _____

4. Do you have children? _____
 Son(s) _____ (ages) _____ Daughter(s) _____ (ages) _____

5. When you were a teenager, to what income group did your family belong?

_____ Low income
_____ Middle income
_____ High income

6. How would you describe yourself as a teenager?
_____ Troubled (at risk; serious problems; little success)
_____ Typical
_____ Above average (well-adjusted and mostly successful)

7. As a teenager, did you have a mentor?

_____ Yes
_____ No

8. If yes, please describe your mentor: _____

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9. Please share with us any special hobbies, activities, or interests you have: _____

CAREER/EDUCATION INFORMATION

10. Current job title: _____
Department/Area of study: _____

11. Highest educational degree earned (please specify):
_____ G.E.D.
_____ High School Graduate
_____ Associate degree _____
_____ Bachelor degree _____
_____ Masters degree _____
_____ Doctorate degree _____
_____ Other _____

12. Are you currently in any education or training program? If yes, please specify: _____

13. What languages are you fluent in besides English? _____

SELF DESCRIPTION

14. How would you describe your personality?
_____ Life of the party
_____ Friendly and outgoing
_____ Usually wait to be approached by someone new
_____ Reserved until I get to know someone new
_____ None of the above (please describe) _____

15. What type of communication style(s) can you handle in a youth? (check all that apply)
_____ Aggressive and straight forward
_____ Very involved and open
_____ Participatory but not overly assertive

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_____ Reserved and on the quiet side
 _____ Other (please describe)_____

16. Please tell us a little bit about why you are interested in becoming a mentor to an "at-risk" teenager.

17. Please indicate how comfortable you would be in talking to a teenager about the following:

	<u>VERY</u>	<u>SOMEWHAT</u>	<u>NOT AT ALL</u>
a) use of poor judgment	_____	_____	_____
b) drug or alcohol abuse	_____	_____	_____
c) sex and contraceptive use	_____	_____	_____
d) goal setting	_____	_____	_____
e) hobbies/interests	_____	_____	_____
f) personal experiences	_____	_____	_____
h) probation	_____	_____	_____
i) physical or sexual abuse	_____	_____	_____
j) rape	_____	_____	_____
k) gang activity	_____	_____	_____
l) sexual orientation	_____	_____	_____

18. What experience and/or training do you have in working with at-risk teenagers?

_____ None

_____ A little (please specify)_____

_____ A lot (please specify)_____

19. Please circle how important the following are in your role as a mentor:

1= not important 2= somewhat important 3= not sure 4= very important 5= extremely important

Giving advice on decision making	1	2	3	4	5
Provide support for difficult relationships with family members	1	2	3	4	5
Assist in job readiness activities	1	2	3	4	5

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Assist in post secondary education and training plans	1	2	3	4	5
Participate in social activities	1	2	3	4	5
Provide encouragement and support	1	2	3	4	5
Provide support with relationship problems/decisions	1	2	3	4	5
Be a friend	1	2	3	4	5
Other_____	1	2	3	4	5

20. Please describe how you would handle the following:

- A. You have a hard time reaching your mentee.

- B. You make arrangements to meet and your mentee doesn't show up.

- C. Your mentee calls you too often.

- D. Your mentee shares very sensitive information with you.

21. Are there any particular problems you would prefer not to handle as a mentor?

22. As a mentor in this program, what do you see will be difficult for you?

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23. Have you ever been convicted or pled guilty to a crime other than a driving offense?

Yes _____ No _____ If yes, please explain: _____

24. Would you have any objection to a background check before being accepted as a mentor?

_____ Yes _____ No

25. Social security number: _____

26. Driver's license number: _____ State: _____ Exp. Date: _____

27. Please provide three character references:

Employer:
Name _____
Address _____

Phone _____

Personal:
Name _____
Address _____

Phone _____

A friend of 5 years or more:
Name _____
Address _____

Phone _____

Other:
Name _____
Address _____

Phone _____

I understand a background check and references are required to become a mentor and I consent to this process.

If selected as a mentor for the DALY CITY YOUTH HEALTH CENTER, do you give your permission for us to use photos taken of you during program activities for promotional purposes (our website, print media, etc.)?

Yes No

Signature _____

Date _____

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Interests

1. What is your favorite movie? _____
2. What type of music do you like to dance and listen to? _____

3. What do you like to do in your free time? _____

4. What things do you really dislike? _____

5. What is your favorite childhood memory and why? _____

6. What is your least favorite childhood memory and why? _____

7. What do you do when you are under stress or pressure? _____

8. What do you expect from your experience as a mentor? _____

9. What do you expect from your mentee? _____

10. What would a good friend consider to be your greatest strength and your greatest weakness?

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