

# Mentor Interest Form

**Mentor's Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please complete all the following. This survey will help the Department of Gender Affairs learn 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 \_\_\_ Lunchtime \_\_\_ After school \_\_\_ Evenings \_\_\_ Weekends \_\_\_ Other

Please indicate age group(s) you are interested in working with:

Age: \_\_\_ 11-14 \_\_\_ 15-18 \_\_\_ 19-21 Ethnicity: \_\_\_\_\_

Do you speak any languages other than English? If so, which languages?

\_\_\_\_\_

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with.

\_\_\_\_\_

\_\_\_\_\_

1. What are some favourite things you like to do with other people?

\_\_\_\_\_  
\_\_\_\_\_

2. What were your favourite subjects in school? \_\_\_\_\_

\_\_\_\_\_

3. If you could learn about a job/career, what would it be and why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What are your favourite subjects to read about? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

5. What is your job and how did you choose this field?

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6. If you could learn something new, what would it be?

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7. What person do you most admire and why?

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8. Describe your ideal Saturday: \_\_\_\_\_

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*Please check all activities you are interested in:*

<input type="checkbox"/>	Being creative	<input type="checkbox"/>	Volunteering	<input type="checkbox"/>	Sewing	<input type="checkbox"/>	Boating
<input type="checkbox"/>	Playing board games	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports
<input type="checkbox"/>	Arts & Graphics	<input type="checkbox"/>	Fixing things	<input type="checkbox"/>	Hair dressing	<input type="checkbox"/>	Cooking
<input type="checkbox"/>	Shopping	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Make Up	<input type="checkbox"/>	Animals
<input type="checkbox"/>	Movies	<input type="checkbox"/>	Yoga	<input type="checkbox"/>	Eating	<input type="checkbox"/>	Reading
<input type="checkbox"/>	Painting	<input type="checkbox"/>	Picture Taking	<input type="checkbox"/>		<input type="checkbox"/>	

Other: \_\_\_\_\_

List any other areas of special interest: \_\_\_\_\_

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