



# MENTOR QUESTIONNAIRE

## Contact Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Job Title: \_\_\_\_\_

Description of Duties: \_\_\_\_\_

Education: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_

1135 Lincoln Street  
Red Bluff, CA 96080

(530) 528-7358 : ph  
(530) 529-4120 : fax

[www.tehamamentoring.org](http://www.tehamamentoring.org)

Do you have volunteer/ work experience with students or children? **Yes** **No**

If yes, please explain: \_\_\_\_\_

Are you able to volunteer 2 hours per week? **Yes** **No**

To assist us in the student-to-mentor matching process, please circle each of the following that best describes you:

- |                       |                    |                                 |                     |
|-----------------------|--------------------|---------------------------------|---------------------|
| <b>cheerful</b>       | <b>shy</b>         | <b>self-motivated</b>           | <b>active</b>       |
| <b>thoughtful</b>     | <b>organized</b>   | <b>like to be around people</b> | <b>creative</b>     |
| <b>dependable</b>     | <b>leader</b>      | <b>sensitive</b>                | <b>easy going</b>   |
| <b>always on time</b> | <b>open minded</b> | <b>good listener</b>            | <b>great talker</b> |
| <b>patient</b>        | <b>fair</b>        |                                 |                     |

Are you academically oriented? **Yes** **No**

Best Subjects: \_\_\_\_\_



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MENTORING  
PROGRAM

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Do you like music?    **Yes**    **No**

Instrument you play: \_\_\_\_\_

Music you listen to: \_\_\_\_\_

Do you like sports?    **Yes**    **No**

Sports you participate in: \_\_\_\_\_

Sports you enjoy watching: \_\_\_\_\_

What is the language your family uses at home? \_\_\_\_\_

Rank each of the following according to your interests:

**1 = interested**

**2 = somewhat interested**

**3 = not interested**

\_\_\_\_\_ field trips

\_\_\_\_\_ improving study habits

\_\_\_\_\_ holiday events

\_\_\_\_\_ reading

\_\_\_\_\_ school projects

\_\_\_\_\_ art projects

\_\_\_\_\_ help with homework

\_\_\_\_\_ movies

\_\_\_\_\_ finding out about careers

\_\_\_\_\_ museums

\_\_\_\_\_ computer projects

\_\_\_\_\_ science projects

\_\_\_\_\_ music programs

\_\_\_\_\_ collecting (coins, rocks, etc.)

\_\_\_\_\_ animals (zoos, farms, pets)

\_\_\_\_\_ indoor activities

\_\_\_\_\_ outdoor activities

\_\_\_\_\_ other, please explain: \_\_\_\_\_

Briefly list current and past work experience: \_\_\_\_\_

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

Do you speak a foreign language?    **Yes**    **No**

Language(s): \_\_\_\_\_

List any other interest or hobbies: \_\_\_\_\_

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

When may we contact you for an interview?

Best Day(s): \_\_\_\_\_ Best Time: \_\_\_\_\_

Please provide three references:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_



## MENTOR RELEASE FORM

### Release of Confidential Information

I understand that it will be necessary for the Tehama County Mentoring Program to investigate my background. I hereby give my consent for this information exchange and authorize the release of any information requested by the TCMP. I understand that the agencies to be contacted may include employers, courts, law enforcement, social services, and any other persons or agencies with whom I have had contact. I also agree to allow TCMP to release my photo and or likeness for promotional purposes.

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date

Have you ever been convicted of a felony or misdemeanor? **Yes** **No**  
If yes, please **attach explanation** of when, where, and disposition of case(s).

Were you ever discharged or forced to resign from a position? **Yes** **No**  
If yes, please **attach explanation**.

I certify that I have made true, correct, and complete answers and statements on this application in the knowledge that they may be relied upon in considering my application. I understand that any omission or false statement made by me on this application, or any supplement to it, will be sufficient grounds for non-acceptance into the program.

\_\_\_\_\_  
Signature of Mentor

\_\_\_\_\_  
Date

### NOTE Requirements include:

- Fingerprint check through Tehama County Sheriff's Office
- Copy of DMV printout and auto insurance
- Attend a training session(s)
- Check of references
- Personal interview

### Questions? Concerns? Comments? Call (530) 528-7358.

- Melissa Mendonca, Program Coordinator
- Talia Shirer, Program Secretary

### Thank you for completing this questionnaire. Please return it to:

Tehama County Mentoring Program  
1135 Lincoln Street  
Red Bluff, CA 96080

Phone: (530) 528-5811  
Fax: (530) 529-4120