

NOLA FOR LIFE Mentor Application and Matching Questionnaire

Please fill out this application and submit to the mentoring organization you are interested in joining. This will help the mentoring organization learn more about you and pair you with a mentee that is the best fit for you.

Name: _____

Are you willing to commit to mentor for at least one year (calendar to school)? _____

How many hours a month can you realistically commit? _____

Where do you plan on living while mentoring? _____

What is your capability to travel to meet with your mentee? _____

Do you have previous mentoring experience? _____

What is your occupation? _____

Would you prefer someone the same race as you? _____

Are you comfortable with a LGBTQ (lesbian, gay, bisexual, transgender, questioning) mentee? _____

My favorite subject in school was _____

My least favorite subject in school was _____

Other obligations (employment, family, religious, etc) _____

Specific mentee issues I am comfortable dealing with:

- | | |
|---|---|
| <input type="checkbox"/> Physical/mental/sexual abuse | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Drug/Alcohol abuse |
| <input type="checkbox"/> Family conflicts | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Low income home | <input type="checkbox"/> Low academic performance |
| <input type="checkbox"/> Gang/criminal activity | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Sexually active |

Have you yourself experienced (optional):

- | | |
|---|---|
| <input type="checkbox"/> Physical/mental/sexual abuse | <input type="checkbox"/> Emotional problems |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Drug/Alcohol abuse |
| <input type="checkbox"/> Family conflicts | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Low income home | <input type="checkbox"/> Low academic performance |
| <input type="checkbox"/> Gang/criminal activity | <input type="checkbox"/> Behavioral problems |
| <input type="checkbox"/> Foster Care | |

My Hobbies/Interests include:

- | | | | |
|---|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Playing sports | Types of sports: _____ | | |
| <input type="checkbox"/> Watching sports | Type of sports: _____ | | |
| <input type="checkbox"/> Listening to music | Type of music/musicians: _____ | | |
| <input type="checkbox"/> Playing music | Type of music: _____ | | |
| <input type="checkbox"/> Dancing | Type of dancing: _____ | | |
| <input type="checkbox"/> Cooking | Type of food: _____ | | |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Theatre/acting | <input type="checkbox"/> Art/design | <input type="checkbox"/> Media arts |
| <input type="checkbox"/> Videography | <input type="checkbox"/> Computers | <input type="checkbox"/> Movies | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Cars | <input type="checkbox"/> Reading | <input type="checkbox"/> Mechanics |

Other interests: _____