



Parent/Guardian Questionnaire

Dear Parent/Guardian:

You play a very important part in the success of our mentoring program. Please complete the following questions. This information will help us to properly match your child with a mentor. **Only same gender matches are considered.**

Please Print in Ink

Name of Youth _____

Name of Parent/Guardian _____

Place of Employment _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Work Phone _____

Describe how your child is doing in school _____

Describe your child's personality (outgoing, introverted, shy, friendly, confident, stubborn, etc.) _____

Describe the type of mentor that would best suit your child _____

Do you have a concern regarding the ethnicity/gender of your child's mentor? _____

If yes, please explain _____

What do you hope your child will gain from having a mentor? _____

Do you have any concerns about your child having a mentor? _____

If yes, please explain _____

Are there any factors that would prevent your child from participating in this program (transportation, babysitting, employment or any other responsibilities)? _____

Additional comments: _____