

Name				For Office Use only			
Phone				Mentor Assigned			
Address				Initial Parent phone call			
				Feedback from first meeting			
Email							
Facebook							
1. One word to describe you.							
2. If you could be anything you want when you grow up what would that be?							
3. Interests							
5. Fave Bible Verses							
6. Interests you've never tried?							
7. Do you have areas of special interest? Things you are struggling with? Challenges? Concerns?							
8. Recreational Activities?							
9. Family dynamics we should know about?							
10. Where do you go to school? Are you doing well?							
11. Are you involved in church? Which one?							
12. Fave Books							
13. Fave Movies							
14. Fave Food							
15. Groups involved in:							
16. Goals for the future:							
17. Have you ever participated in community service? With who?							
18. When are you available to meet with your mentor?							
19. Are there any restrictions? Curfews? Etc.?							
20. Do you have transportation or will the mentor need to travel to you?							
21. Struggling with drugs, alcohol, peer pressure, bullying, sexual activity, probation, etc.?							
22. General Information about you and philosophy on life?							
24. Is there anything specific you are looking for in a mentor?							
25. Have you ever had a mentor before? How did that work for you?							
<p>Our mentors have been trained and have had background checks prior to visiting with you in person. Our mentors are not licensed counselors and are obligated to report any concerning behavior first to the parent for resolution.</p> <p>If this is a court mandated mentor, reports will be provided to the judge if ample notice is given of pending court dates.</p> <p>The REProject is a nonprofit entity. Please hold harmless in the event of an accident.</p>							
Signed:							
	Parent			Date			
	Mentoree			Date			
	Mentor			Date			

