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Ensuring the success of youth for over 35 years!

Making Connections Mentoring Program - Youth Application

Date: _____ Name of Youth: _____ Age: _____ DOB: ___/___/___

Parent/Guardian Name(s): _____

Phone Number: _____ E-mail Address: _____

School: _____ Current/Entering Grade: _____

Address: _____ City: _____ Zip: _____

Why I want to be matched with a mentor: _____

My Interests: _____

My Personal Strengths: _____

Personal Goals I would like to work on: _____

Special needs or concerns we should be aware of: _____

I would prefer my mentor to be (*circle one*): Male Female

Day(s) and time(s) you are most available: _____

Thank you for your interest in the Making Connections Mentoring Program! Please return completed form to the address listed above. The coordinator will review your needs and assess if this is a good fit for you. Please understand that it may take extra time to find an adult mentor volunteer. We will be in contact with you as soon as possible.