

Todd County Mentoring Program

Volunteer Questionnaire

As a volunteer in our program we would like for you to answer the questions below. Parents of youth in our program will often ask us questions about someone with whom their child will be matched. We will only release information to a parent with your permission. The information you give will not only help us match you better but will also help us to support you throughout your involvement in the program.

Full Name of Volunteer: _____

1. Would you describe yourself as a person who enjoys?
 Watching activities Participating in activities Both

2. Where do you work and what is your role? _____

3. Have you ever worked with children as a volunteer or in some other capacity?
 Yes No *If Yes, what did you do?

4. In identifying a child for you to work with, what would be some personality traits that might be a challenge for you?

5. What type of personality traits would you be most comfortable working with?

6. Are you experiencing any physical/mental health problems/issues that could affect a match relationship? Yes No

7. If there are tensions in your family or among your friends how do you typically resolve them?

8. What are some activities that you enjoy doing that you could share with the child you will be working with?

9. Do you anticipate any significant life changes over the next year that would cause your match relationship to end? Yes No * If yes, what are they?

10. Please add any additional information about yourself that you would like for us to know or any questions you may have regarding the program or process.

Signature

Date