



Mentorship Program
 11 Ordnance Street
 Toronto ON M6K 1A1
 416-364-4716 ext 267
 Fax 416-364-7533

This information is for use by the Mentorship Coordinator only. Personal information will be used to help determine suitable matches. Information will only be shared with the Protégé once cleared and approved by the Mentor.

Eva's Phoenix Mentorship Youth Questionnaire

Mentoring can be defined as a significant, long-term, beneficial effect on the life or style of another person, generally as a result of personal one-on-one contact. A mentor is one who offers knowledge, insight, perspective, or wisdom that is especially useful to the other person.

Personal Information:

First Name:		Initial:		Last Name:	
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Contact Information:

Home Contact Information

House and Room # at Eva's Phoenix:

If not living at Eva's Phoenix please provide the information below:

Home Address:		Apt:	
City:	Prov	Postal Code	
Home Phone:	Alternative Phone:	Email	
Emergency Contact Name:	Occupation:		
PW:		EC/JD:	

Indicate if a preference or a 'must':

Language

<input type="checkbox"/> Does not matter	<u>English</u> <input type="checkbox"/> Prefer <input type="checkbox"/> Must	French <input type="checkbox"/> Prefer <input type="checkbox"/> Must	Other
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Education

<input type="checkbox"/> Does not matter	High School <input type="checkbox"/> Prefer <input type="checkbox"/> Must	Some College <input type="checkbox"/> Prefer <input type="checkbox"/> Must	College Graduate <input type="checkbox"/> Prefer <input type="checkbox"/> Must	Some University <input type="checkbox"/> Prefer <input type="checkbox"/> Must	University Graduate <input type="checkbox"/> Prefer <input type="checkbox"/> Must	Post Graduate <input type="checkbox"/> Prefer <input type="checkbox"/> Must	Trades Certification <input type="checkbox"/> Prefer <input type="checkbox"/> Must
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Indicate any basic needs you may have:

	Description
<input type="checkbox"/> Housing	
<input type="checkbox"/> Clothing	
<input type="checkbox"/> Finances	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Career development	
<input type="checkbox"/> Health	
<input type="checkbox"/> Other:	

Medical:

	Description
<input type="checkbox"/> Substance Issues	
<input type="checkbox"/> Self esteem	Hi ----- Medium ----- Low
<input type="checkbox"/> Mental Health Issues	
<input type="checkbox"/> Medications	
<input type="checkbox"/> Other:	

Personal:

	Description
<input type="checkbox"/> Family	
<input type="checkbox"/> Social Support	
<input type="checkbox"/> Other:	

Strengths:	
	Description
<input type="checkbox"/> Educational	
<input type="checkbox"/> Career	
<input type="checkbox"/> Health/Well Being	
<input type="checkbox"/> Career	
<input type="checkbox"/> Social	
<input type="checkbox"/> Spiritual	
<input type="checkbox"/> Other:	
Barriers:	
	Description
<input type="checkbox"/> Educational	
<input type="checkbox"/> Career	
<input type="checkbox"/> Health/Well Being	
<input type="checkbox"/> Career	
<input type="checkbox"/> Social	
<input type="checkbox"/> Spiritual	
Career Interests	
<u>Please select an Occupational Category(s) you are interested in:</u>	
<input type="checkbox"/> Management	
<input type="checkbox"/> Business, Finance and Administration	
<input type="checkbox"/> Health	
<input type="checkbox"/> Social Service, Education, Government Service, Religion	
<input type="checkbox"/> Art, Culture, Recreation, Sport	
<input type="checkbox"/> Sales and Service	
<input type="checkbox"/> Trades, Transport, Equipment Operators	
<input type="checkbox"/> Primary Industry	
<input type="checkbox"/> Processing, Manufacturing, Utilities	
<input type="checkbox"/> Other:	

What interests you about having a Mentor?

Are you looking for any special training? If yes, in what area?

Any Hobbies or special interests?

What career(s) are you interested in?

Preference ranking:

List the qualities you would like in a mentor, starting with most important:
(e.g. Career your interested in, similar hobbies, ethnic background etc):

- 1.
- 2.
- 3.
- 4.
- 5.

How much time are you able to commit to your Mentor?

- Weekly Biweekly Monthly Periodically/TBD Other: _____

In what capacity?

- In person Via phone or email Both in person & via email or phone

From what date(s) are you available?

<i>MM</i>	<i>DD</i>	<i>YYYY</i>	Other Dates (If applicable):
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Which mentorship program(s) are you interested in?

<input type="checkbox"/> One To One Mentorship	Program component matches resident/participant with established members of the community. Focus: Personal skill development/counselling, career/educational support, social/recreational, cultural-based.
<input type="checkbox"/> Peer Mentorship	Program component matches resident/participant with past residents or individual who has faced similar life experiences. Focus: Issue support, encouragement, personal skills development/counselling, career/educational support, social/recreation, cultural-based.
<input type="checkbox"/> Informational Interviewee	Many youth are required to conduct interviews within the career they are pursuing. This program provides resources to the youth to facilitate information interviews.

Statement of Confidentiality

Eva's Initiatives recognizes the right to the confidentiality and privacy of our residents and volunteers, and is dedicated to conducting business in only the highest ethical standards.

Eva's Initiatives is committed to protecting the privacy of its participants and volunteers. All information and disclosures will remain confidential and will be used for the purpose of facilitating an appropriate Mentor/Protégé match. Any information disclosed through Mentor/Protégé relationship contact will remain confidential and will not be discussed with anyone.

Signature of Youth Applicant

Date:

X