

STAMP
Stamford Mentoring Partnership
MENTEE APPLICATION

Print Name

Signature of Mentee Applicant

Parent Signature

Mail the completed document to:

Michelle Lappas
Stamford Youth Services Bureau
888 Washington Blvd. 10th Floor
Stamford, CT 06901
Phone: (203) 977-0830
Fax: (203) 977-5515
Email: mlappas@ci.stamford.ct.us

*Parents: Please fill this out **with** your child. Use the space available at the end of this a form to make your own comments about your child's personality and any other information that may help us when trying to match your child with a mentor.*

Name _____ Date _____

Gender: Male Female

Date of Birth ____/____/____ Grade _____ School _____

Parents' Names _____

Address _____

City _____ State _____ Zip _____

Phone # _____

Parent Email _____

Mentee Signature _____ Date _____

Parent Signature _____ Date _____

About You

What name do you like your friends to call you? _____

What school do you go to? _____ What grade are you in? _____

List your three favorite activities:

(1) _____

(2) _____

(3) _____

What activities do you enjoy or would like to learn about?

(1) Sports _____

(2) Arts/Crafts _____

(3) Science/Nature/Animals _____

(4) Performing/Acting/Singing _____

(5) Games _____

(6) Field Trips _____

Do you have any pets? (Is so, what kind, if not, would you like to someday?) _____

Do you play a musical instrument? What kind? _____

Do you enjoy listening to music? What kind? _____

Do you like to read? _____ What are your favorite books/authors? _____

Do you like to watch TV? _____ What are your favorite shows? _____

Do you like movies? _____ What is your favorite movie? _____

Do you have a lot of friends? _____

Do you have a best friend? _____

Do you belong to any clubs/organizations/after school groups? _____

Do you have an idea what you would like to be when you grow up? _____

What are things that worry or frighten you? _____

If you had three wishes, what would you wish for?

(1) _____

(2) _____

(3) _____

What do you like best about school? _____

What do you like least about school? _____

What are your favorite foods? _____

What words would you use to describe yourself to someone who doesn't know you? _____

Being a Mentee

Do you want a mentor? If so, why? _____

What kind of person would you like as a mentor? _____

Parents' comments about child (personality traits, needs, people they get along best with, etc)
