



The Handshake Foundation

Mentor Questionnaire

Thank you for your interest in volunteering at The Handshake Foundation. ***Our mission is to enable all young people, especially those who need us most to reach their full potential as productive, caring and responsible citizens through mentorship education. We achieve this through a commitment to quality programs and services provided by professionals in a range of industries.***

Please answer the following information completely. All given information will be for the confidential use of The Handshake Foundation only.

Date: _____

BASIC INFORMATION:

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____ Date of Birth: _____

SKILLS & EXPERIENCE:

Highest School Grade Completed: _____

Professional / Occupation: _____

Mentoring Industry _____

Employer / School Name: _____

Language(s) spoken other than English: _____

Special Skills / Hobbies: _____

Do you have any volunteer experience? _____

If yes, please describe what your roles were:

Name of Organization: _____

Organization's Contact Person: _____

Organization's Contact Number: _____

INTERESTED IN:

Please check all of the following areas of interest that apply to you.

Group Mentoring Speaker

Directly assisting a staff member No Preference

Facilitating training or workshops for kids / teens