WALK AND TALK PROGRAM
MENTOR REGISTRATION FORM

Mentor Intake Information

Date:_____

Name: _____ **Sex:** M F O **Ethnicity**: _____

Address (Main intercession only):_____ **Email:** _____

Phone: _____**Emergency contact**: _____**Preferred way to contact you** ☐Email ☐Phone

Age range: (16-24) ☐ (25-45) ☐ (45-65) ☐ (65+) ☐

Would you liked to be placed with a: ☐Male conversation partner ☐ Female conversation partner ☐No preference

Native Language: _____**Other Languages**: _____

Why do you want to be a mentor? _____

_____

_____

Please tell us about yourself:_____

_____

_____

Interests: Please check the boxes that you are interested in/would like to talk about with your **Mentee**…

☐ Movies/Television	☐ Business	☐ Books/Literature	☐ Outdoor Activities
☐ Music	☐ Visual Arts	☐ Politics	☐ Technology
☐ Food/Cooking	☐ Animals	☐ History	☐ Philosophy
☐ Spirituality	☐ Travel	☐ Playing/Watching Sports	☐ Other

If your schedule is flexible please ONLY check here ☐

Check your availability	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
AFTERNOONS							
NIGHTS (after 6:00P.M)							

For Office Use Only:			Matches	NAME	DATE
Date received:	Application reviewed by:		1.		
Orientation date:	Done by:	In person ☐ Video call ☐	2.		
			3.		
Warnings: Please indicate date & Name of person providing the warning. ☐ ☐ ☐		Quiz done Yes ☐ No ☐	4.		
			5.		
Close file: By:	Reason:		6.		
Comments:					