



New Mentee Nomination Form

We encourage you to ask the youth for input on appropriate questions.

Student's Name: _____ Grade: _____

Homeroom Teacher: _____

Your Name: _____ Date: _____

Relationship to Student: _____ Email: _____

Reasons for nomination:

Please rate the following, with 1 being low and 5 being high:

Student's need for a mentor: 1 2 3 4 5

Benefit of a mentor for student: 1 2 3 4 5

Student's interests or hobbies (academically, recreationally, etc. Please be as thorough as possible):

For each pair of adjectives below, make a mark on the line to show where the student falls:

Shy/Reserved -----|-----|-----|-----|-----|-----|-----|----- Outgoing
Quiet -----|-----|-----|-----|-----|-----|-----|----- Talkative/Chatty
Difficulty Relating to Others -----|-----|-----|-----|-----|-----|----- Relates Well
Sedentary -----|-----|-----|-----|-----|-----|-----|----- Physically Active
Hands-On -----|-----|-----|-----|-----|-----|-----|----- Intellectual
Indoors-y -----|-----|-----|-----|-----|-----|-----|----- Outdoors-y
Scattered -----|-----|-----|-----|-----|-----|-----|----- Focused
Apathetic -----|-----|-----|-----|-----|-----|-----|----- Very Engaged
Calm -----|-----|-----|-----|-----|-----|-----|----- Anxious
Sports Fan -----|-----|-----|-----|-----|-----|-----|----- Dislikes Sports

Please make a mark on the line to show where the student's home environment falls:

Stable/Supportive -----|-----|-----|-----|-----|----- Chaotic/Unstable

Student's desired characteristics in a mentor:

Is this mentee interested in learning any particular skills from their mentor, and if so, what skills:

Is it important that this youth be matched with a mentor of a certain gender identity, and if so, what identity:

Before this youth can participate in the program, we will need to contact a parent or guardian to get their permission. Please provide the following contact information if you have it:

Guardian Name(s): _____

Email: _____ **Secondary Email:** _____

Phone: _____ **Secondary Phone:** _____

**Please return this form to Justin Hoy and Sarah Brunkhorst at
friendchips@essexchips.org**