

Mentor Activity

YOUTH DEMOGRAPHICS

First Name: _____

Middle Name: _____

Last Name: _____

Date of Birth: _____

CONTACT

*Begin Date: _____ *End Date: _____

*Type of Contact (pick one): _____

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Face to face | <input type="checkbox"/> Text | <input type="checkbox"/> Email |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Phone Call | <input type="checkbox"/> Group Activity |
| <input type="checkbox"/> Alternative Activity | | |

*Setting (pick one): _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Community | <input type="checkbox"/> School | <input type="checkbox"/> Detention Center |
| <input type="checkbox"/> Mentee's Home | <input type="checkbox"/> Mentor's Home | <input type="checkbox"/> E-mentoring |
| <input type="checkbox"/> Other | | |

*Length of Contact (mins): _____ *Number of Occurrences: _____

Notes: