

# SISTER 2 SISTER MENTORING PROGRAM

**Girls Ages: 8-18 Years Old**



**Meetings: Every 3<sup>rd</sup> Saturday of the Month**

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**Participant's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Ward** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Tele. No(s):** \_\_\_\_\_ **Email Address(es):** \_\_\_\_\_

**Age:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade in Fall 2010:** \_\_\_\_\_

**Career Goal:** \_\_\_\_\_

Please call Ikisha Little, Founder of Girls In Action, Inc. (GIA) at 202-489-1305 or email at [girlsinactioninc@yahoo.com](mailto:girlsinactioninc@yahoo.com) for more information. ALL FORMS CAN BE MAILED TO: 59 L ST NW, WASHINGTON DC, 20001-1361

**Girls In Action, Inc. (GIA)**  
**"All Kids Are Our Kids"**

# Mentee Questionnaire

Name \_\_\_\_\_ Date: \_\_\_\_\_

1. Where did you hear about this program?

2. Why do you want a mentor?

3. What do you want to gain from your mentoring relationship?

4. What kinds of interests, hobbies or special skills do you have?

5. What kinds of activities would you like to do with your mentor? Please check off activities below, and write in any that you would like but are not listed. (This is not a complete list and you and your mentor may come up with different activities.)

- |                                         |                                          |                                                    |
|-----------------------------------------|------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Movies         | <input type="checkbox"/> Museums         | <input type="checkbox"/> Concerts                  |
| <input type="checkbox"/> Walks/Hikes    | <input type="checkbox"/> Cooking         | <input type="checkbox"/> School Work               |
| <input type="checkbox"/> Art Projects   | <input type="checkbox"/> Bike Rides      | <input type="checkbox"/> Sporting Events           |
| <input type="checkbox"/> Volunteer Work | <input type="checkbox"/> Window Shopping | <input type="checkbox"/> Job Fairs/Career Planning |
| <input type="checkbox"/> _____          | <input type="checkbox"/> _____           | <input type="checkbox"/> _____                     |

6. What new skills would you like to learn?

**7. What are your favorite subjects in school? Why?**

**8. Are there any topics that you are interested in that your mentor could teach you about?**

**Below is a list of topics. Please check any you are interested in. If something is not mentioned, feel free to write it in.**

- |                                             |                                              |                                                |
|---------------------------------------------|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Dealing with Money | <input type="checkbox"/> Starting a Business | <input type="checkbox"/> Dealing with Conflict |
| <input type="checkbox"/> College/Education  | <input type="checkbox"/> Jobs/Careers        | <input type="checkbox"/> Science               |
| <input type="checkbox"/> Law                | <input type="checkbox"/> Fine Arts           | <input type="checkbox"/> Music                 |
| <input type="checkbox"/> Politics           | <input type="checkbox"/> Economics           | <input type="checkbox"/> Social Work           |
| <input type="checkbox"/> _____              | <input type="checkbox"/> _____               | <input type="checkbox"/> _____                 |

**9. What are some issues or problems you think you might like to discuss with a mentor?  
(This information is confidential.)**

**10. Is there anything else we should know about you?**