



Intercepted Mentor Form

Name: _____

Current Age: _____

Race/Ethnicity: _____

Highest Education Level: _____

Occupation: _____

1. Which area of the DFW do you reside? _____
2. Do you have children? _____
 - a. Have you had any CPS involvement regarding your children? _____ If yes, please explain.

3. Are you a member of a fraternity or sorority? Which one?

4. What are your hobbies?

5. Are you able to commit one hour a month towards mentoring? _____
6. Have you ever been charged or convicted of a felony or misdemeanor? If yes, please explain.

7. Do you have a valid driver's license? _____
8. Are you currently on probation or deferred adjudication for any crime? _____
9. Have you ever been prescribed medication for anxiety, depression, hearing voices or any other emotional problem? If yes, when?



Intercepted

Mentor Data Sheet

FIRST NAME	LAST NAME	MIDDLE NAME	MAIDEN NAME
ADDRESS		CITY	ZIP
HOME PHONE		CELL PHONE	
DATE OF BIRTH	CITY OF BIRTH	STATE OF BIRTH	COUNTY OF BIRTH
EMAIL:			
CURRENT EMPLOYER			
EMPLOYMENT ADDRESS		CITY	ZIP
EMPLOYMENT PHONE		JOB TITLE	
EMERGENCY CONTACT (NAME):			
CONTACT ADDRESS		CITY	ZIP
EMERGENCY CONTACT'S PHONE		RELATIONSHIP TO YOU:	