



# Little Rock Police Athletic League



## Mentee Checklist National PAL Mentoring Program

Date Checklist Started: \_\_\_\_\_

Person completing checklist: \_\_\_\_\_

Name of Prospective Mentee: \_\_\_\_\_

Chapter Member:

Yes

No

Parent/Guardian Permission Consent Form, Photo Release Date Completed: \_\_\_\_\_

Mentee Application Date Completed: \_\_\_\_\_

Mentee Pre-Survey Interview Form Date Completed: \_\_\_\_\_

Mentee Post-Survey Interview Form Date Completed: \_\_\_\_\_

Caregiver Survey Date Completed: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

---



---



---



---



---



---



---



---



---



---







# Little Rock Police Athletic League



## Youth Application

National PAL Mentoring Program

Please answer the following questions as completely as possible. This information will help us to match you with the right mentor. (Please print)

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Parent's Name \_\_\_\_\_

If you are not living with mother or father, who is your legal guardian? \_\_\_\_\_

How many brothers and sisters do you have? \_\_\_\_\_ Their ages are: \_\_\_\_\_

My favorite kind of music is \_\_\_\_\_ My favorite television show is \_\_\_\_\_

My favorite sport is \_\_\_\_\_ My favorite book is \_\_\_\_\_

My best subject in school is \_\_\_\_\_ My worst subject in school is \_\_\_\_\_

Are you a member of the PAL Chapter? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any after-school responsibilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

Describe your special interests and hobbies (e.g. sports, arts & crafts, computers, music, reading, cooking, games, career interests, needlepoint, foreign languages, painting, reading, etc.)

What clubs or groups do you belong to? \_\_\_\_\_

What do you like to do most with your free time? \_\_\_\_\_

Is there anything that you would like to share with your mentor? \_\_\_\_\_

What would you like to do with your mentor? \_\_\_\_\_

Why are you interested in participating in this program? \_\_\_\_\_

What do you hope to get out of your mentoring relationship? \_\_\_\_\_

I pledge to meet with my mentor at the PAL Chapter only at time and locations arranged between us. I also agree to notify my mentor or the Chapter staff if I am unable to make a weekly meeting.

Signature of Youth

Date





# Little Rock Police Athletic League



## Mentee Profile National PAL Mentoring Program

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

2. Name the Languages you speak: \_\_\_\_\_

3. School subjects you really like: \_\_\_\_\_

4. School subjects you dislike: \_\_\_\_\_

5. List 3 favorite activities outside of school: \_\_\_\_\_  
\_\_\_\_\_

6. 3 things you would like to learn to do: \_\_\_\_\_  
\_\_\_\_\_

7. If you could do anything in the world, list the 3 top things you would like to do.  
\_\_\_\_\_  
\_\_\_\_\_

8. 3 careers you are interested in learning more about: \_\_\_\_\_  
\_\_\_\_\_

9. Goal after high school graduation: \_\_\_\_\_

10. If you could grow up to be like anyone who would it be? \_\_\_\_\_

Why in one sentence or less. \_\_\_\_\_  
\_\_\_\_\_

11. Name your favorite:

Song \_\_\_\_\_ TV Show \_\_\_\_\_ Sport \_\_\_\_\_

Movie \_\_\_\_\_ Game \_\_\_\_\_ Food \_\_\_\_\_





# Little Rock Police Athletic League



## Mentee Pre-Survey National PAL Mentoring Program

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

**Mark the box that best fits your feelings with an X.**

Please answer survey honestly. There are no correct answers. Everyone is Unique.

*(Please check the most applicable)*

	Never	Occasionally	Most of the time	Always
1. I plan ahead and make choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have lots of friends because I am sensitive and understanding to their feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can deal with peer pressure and dangerous situations easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I always fix disagreements non-violently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I treat everyone equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I think it is important to help reduce hunger and poverty in the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I stand up for what is right even when others disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am willing to take responsibility for everything I do, right or wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Most of the adults in my neighborhood believe I can be a good citizen and contribute to the neighborhood in a positive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have adults in my life that are great role models and encourage me to be a good person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I work hard in school to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I believe that we should all help our neighbors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I spend 3 or more hours a week in sports, clubs or youth organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am sure my future life is going to be good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Little Rock Police Athletic League



## Mentee Post-Survey

National PAL Mentoring Program

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

**Mark the box that best fits your feelings with an X.**

Please answer survey honestly. There are no correct answers. Everyone is Unique.

*(Please check the most applicable)*

	Never	Occasionally	Most of the time	Always
1. I plan ahead and make choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have lots of friends because I am sensitive and understanding to their feelings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I can deal with peer pressure and dangerous situations easily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I always fix disagreements non-violently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I treat everyone equally.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I think it is important to help reduce hunger and poverty in the world.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I stand up for what is right even when others disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I am willing to take responsibility for everything I do, right or wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Most of the adults in my neighborhood believe I can be a good citizen and contribute to the neighborhood in a positive way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I have adults in my life that are great role models and encourage me to be a good person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I work hard in school to get good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I believe that we should all help our neighbors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I spend 3 or more hours a week in sports, clubs or youth organizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am sure my future life is going to be good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

