

Questionnaire for self-checking on ability of a person to be a Mentor

1. Name, Surname _____
2. Place of living _____
3. Contact information (tel. no., e-mail) _____
4. Date of birth _____
5. Nationality _____
6. Are you employed at the moment?

	Yes
	No
7. Do you have experience in being (please mark one choice):

	unemployed
	migrant
	senior citizen
	other: <i>(please add)</i> _____
8. What do you think mentoring is?

9. Why do you want to participate in mentoring activities and to be a mentor? (please mark several choices)

	I wish to express myself;
	I want to help others;
	I want to improve my personal skills, to be aware of some innovations;
	I want to work in a team, to collaborate;
	I want to be visible;
	I want to show my abilities in organising social and cultural events;
	I want to receive recommendations for my further career;
	I want to improve my professional skills;
	other <i>(please add)</i> _____

10. What specific knowledge and skills do you possess? (if necessary, please mark several choices)

- | | |
|--------------------------|----------------------------------------------------|
| <input type="checkbox"/> | ability to work in a team; |
| <input type="checkbox"/> | ability to organise my tasks/work; |
| <input type="checkbox"/> | ability to solve conflicts; |
| <input type="checkbox"/> | ability on time management; |
| <input type="checkbox"/> | ability to work independently (by oneself); |
| <input type="checkbox"/> | ability to organise social and/or cultural events; |
| <input type="checkbox"/> | computer literacy skills; |
| <input type="checkbox"/> | knowledge on team building; |
| <input type="checkbox"/> | knowledge of foreign language; |
| <input type="checkbox"/> | other (please add) _____ |

11. What personal features do you possess, which can help perform mentoring in good quality? (please mark several choices)

- | | |
|--------------------------|-----------------------------------------------|
| <input type="checkbox"/> | tolerant; |
| <input type="checkbox"/> | supportive; |
| <input type="checkbox"/> | communicative; |
| <input type="checkbox"/> | altruistic (also working without payment); |
| <input type="checkbox"/> | interested in life of other people; |
| <input type="checkbox"/> | like to share experience; |
| <input type="checkbox"/> | like to listen to others; |
| <input type="checkbox"/> | dutiful; |
| <input type="checkbox"/> | responsible; |
| <input type="checkbox"/> | neat; |
| <input type="checkbox"/> | concerned (worried) in other people feelings; |
| <input type="checkbox"/> | honest; |
| <input type="checkbox"/> | other (please add) _____ |

12. How much time you could give to mentoring in this project? (please fill-in)

- days in a month _____
- hours per week _____

13. What time of the day is most convenient for you to proceed mentoring?

- | | |
|--------------------------|------------------------------|
| <input type="checkbox"/> | in the morning of work days |
| <input type="checkbox"/> | in the afternoon of workdays |
| <input type="checkbox"/> | in the evening of workdays |
| <input type="checkbox"/> | in weekends |

14. Do you have any experience in mentoring?

- | | |
|--------------------------|-----|
| <input type="checkbox"/> | Yes |
| <input type="checkbox"/> | No |

15. If your answer to question No. 14 was "yes", please mark your role in former times:

- | | |
|--------------------------|--------|
| <input type="checkbox"/> | Mentor |
| <input type="checkbox"/> | Mentee |

Where and how have you participated in mentoring:

16. Would you like to receive trainings on being a mentor in group social mentoring?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

17. Would you like to share your feelings and experience with others?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Why:

18. How do you analyse and solve problems? (please mark several choices)

<input type="checkbox"/>	I talk to a friend
<input type="checkbox"/>	I analyse the problem myself
<input type="checkbox"/>	I read articles, books concerning my problem
<input type="checkbox"/>	I talk to a specialist/psychologist
<input type="checkbox"/>	I try not to notice any problems
<input type="checkbox"/>	other (<i>please add</i>) _____

19. What are your interests, hobbies?

Thank You!