



Ally Compatibility Survey

Congratulations for making it this far! You are a step closer to being matched with a Survivor. To ensure your match is a success, please fill out this survey so we can learn more about you. This information will be used to help us match you with the most compatible survivor. - *Leadership Team*

Section I	Let's talk about YOU
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1. How would you describe yourself in 3 words?

2. What are some of your hobbies and/or interests?

3. Do you usually participate in volunteer events or opportunities? Have you ever coordinated events?

4. What is your greatest strength? Weakness?

5. What is your greatest weakness or areas of growth that you would like to work on?

6. What are some qualities that best describe you?

- | | | |
|--|--|--|
| <input type="checkbox"/> Active | <input type="checkbox"/> Friendly | <input type="checkbox"/> Patient |
| <input type="checkbox"/> Adventurous | <input type="checkbox"/> Good Communicator | <input type="checkbox"/> Persistent |
| <input type="checkbox"/> Compassionate | <input type="checkbox"/> Good Listener | <input type="checkbox"/> Realistic/Logical |
| <input type="checkbox"/> Competitive | <input type="checkbox"/> Helpful | <input type="checkbox"/> Responsible |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Reliable | <input type="checkbox"/> Team Player |
| <input type="checkbox"/> Creative | <input type="checkbox"/> Honest | <input type="checkbox"/> Tech Savvy |
| <input type="checkbox"/> Decisive | <input type="checkbox"/> Nurturing | <input type="checkbox"/> Trustworthy |
| <input type="checkbox"/> Detail Oriented | <input type="checkbox"/> Observant | <input type="checkbox"/> Problem Solver |
| <input type="checkbox"/> Determined | <input type="checkbox"/> Optimistic | |
| <input type="checkbox"/> Focused | <input type="checkbox"/> Organized | |



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7. What are some things you do for self-care or stress relief?

8. What were/are some of your favorite classes at school?

9. Are you comfortable with or around animals? Yes No

10. Do you like surprises? Yes No

Section II | Program Specific

1. What is the biggest concern or fear you have with building a relationship with a survivor?

2. Do you have previous experience as a mentor? If yes, where?

3. What lasting impact do you hope to have on a survivor?

4. What age bracket are you most comfortable with and why?

- a) Minors: 15-18
- b) Young adults: 19-22
- c) Young adults: 23-26

5. Do you have a gender preference? Yes No

If "Yes", please select:

- Male
- Female
- Transgender Male
- Transgender Female
- Other

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6. Are you a part of any organizations or clubs? If yes, list below:

7. Please list other commitments below: *(ex. Student, pets, extracurricular activities for the kids, etc.)*

8. How would you prefer to communicate with your survivor?

9. When you think about communicating with your survivor, how do you envision the relationship?

- More Casual – we will contact each other when we want to talk, know that the other person will be available for me when needed.
- More Structured – we will schedule phone calls, emails, or personal meetings to ensure we keep up with one another
- Other: _____

Section III	Outings
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1. Do you have any food or environmental allergies? If yes, please list below:

2. What do you consider quality time?

3. What are some of your favorite places to eat in San Antonio? Favorite dishes?

4. What would be your ideal Saturday morning?

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5. Have you traveled either international or domestic? If so, where?

6. Favorite sport to watch or play?

7. Do you have any religious or spiritual beliefs? Please elaborate:

Additional comments: