

You Be You (UBU) Questionnaire

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To be filled out as much as possible by the teen and given to Molly Gould

Leave blank any personal questions you don't want to answer

Date: _____

Name: _____

Prefer to be called / Nickname: _____

Address: _____

Birthday: _____

Gender Pronoun I use: ()He/Him ()She/Her ()They/Them

() Other: _____

Parent/Caregiver/Guardian Contact Information:

#1 Name: _____ Relationship: _____ Phone/Text #:

#2 Name: _____ Relationship: _____ Phone/Text #:

I would like to be reached in the following ways (fill in all that apply, and indicate which is/are your preference(s) with a star):

() My email address: _____

() My parent's email address: _____

() My text / phone #: _____

() My parent's text/phone #: _____

() Instagram: _____

() I'd like to use Instagram group chat to connect with others in this group

() Other: _____

My favorite snack is: _____

My favorite dessert is: _____

My favorite candy is: _____

Allergies/Intolerances: _____

My favorite kind of music is (or list artists):

I'd like to learn more about:

The kind of adult I'd like to connect with (how they are or what they do):

An area I'd like to volunteer for: _____

Some skills I have: _____

What I like about myself: _____

What I'm struggling with: _____

My favorite way to spend my time: _____

A spiritual / religious path I follow is (if any): _____

A spiritual path or religion I want to learn more about is (if any):

What would I like to get out of this experience: _____

What made me interested in joining: _____