



Mentee Name _____

Date _____

Mentor Name (if you know) _____

Preferred Contact Information (phone, email, other) _____

Mentorship Goals (what would you like from this mentorship?)

How often would you like to meet your mentor?

Weekly Bi-weekly Monthly Other _____

How long would you like to meet for?

1-2 hours 2-4 hours Other _____

How would you like to meet?

In person Virtual (Zoom, FaceTime, etc) Mixed (in person and virtual)

How long would you like the mentorship to continue?

1-3 months 6 months - 1 year Ongoing Other _____

What are your expectations? (what kind of support is expected, any specific outcomes you are looking for?)

How would like to communicate with your mentor? (text, call, etc)

What are your interests?

Mentorship Details

First Hangout Details

- The first meeting will happen at either the YRAP office in downtown Edmonton or at another agreed upon location

Do you agree to respect confidentiality and set clear boundaries for the mentorship? (this can include personal boundaries, what topics are off-limits, etc)

Yes

No

Additional comments _____

Agreement

Mentee Name _____

Date _____

Signature _____

CONTACT US



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General inquiries:

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EYOC specific:

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