YOUTH RESTORATIVE ACTION PROJECT

Mentorship Referral Form

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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