



Youth Mentoring Application Form

Contact information

Name: _____

Age: _____ Year in school: _____

Parent's name: _____

Parent's phone number: _____

Availability

During which hours are you available for mentoring? Please tick!

Monday 4pm-5pm ___ 5pm - 6pm ___

Tuesday 4pm-5pm ___ 5pm - 6pm ___ 6pm - 7pm ___

Wednesday 4pm - 5pm ___ 5pm - 6pm ___

Thursday 4pm - 5pm ___ 5pm - 6pm ___

Saturday 10.30am - 11.30am ___ 11.30am - 12.30pm ___

What are your hobbies and interests?

What languages do you speak?

What support would you like to receive? What would you like your mentor to work on in your sessions?

What are your expectations from the mentoring programme?
