



Mentee referral form

Mentee Information

Mentee Name:

Age:

School (if applicable):

Referral Source

Your Name:

Title/Position:

Agency/Organisation (if applicable):

Phone Number:

Email Address:

Reason for Referral

Briefly describe why you are referring this youth to the mentoring programme (e.g., academic challenges, social difficulties, need for positive role model).

Strengths and Interests

Describe the youth's strengths and talents.

What are their hobbies and interests?

Are there any specific activities they might enjoy doing with a mentor?

Additional Information

Is there any other relevant information about the youth's background, family situation, health physical or mental or learning style that would be helpful for the mentor program to know? (Optional)

Are there any specific cultural considerations or language needs to be aware of for mentor matching? (Optional)

parent / guardian information

Parent/Guardian Name:

Phone Number:

Relationship to Mentee:

Please note:

All information provided on this form will be kept confidential.

A program representative may contact you to discuss the referral further.

Referrals can be sent to georgie@cym.org.nz

Thank you for your referral!