



RESTART
CREATING SAFE SPACES TO RESTART LIVES
EST. 2009

Mentee Sign-up Sheet

First Name: _____ Last Name: _____

Date: _____ Phone: _____

Email: _____ DOB: _____

Mentoring

Reason for interest: _____

Long Term Goal: _____

Current Situation

Referral

Self-referral

Caseworker Referral

CONSENT: Please tick if you are happy for RESTART and your caseworker/referrer to share personal information related to your mentoring.

Caseworker Name: _____

Caseworker Contact: _____