



Mentorship Form

Date: _____

Name: _____

Phone number: _____

Emergency contact information:

Name: _____ Number: _____ Relationship: _____

Are you a parent? ___yes ___no

Please check the following services that are offered to you through community-based partnerships and New Awakening's program:

____ Parenting Classes ____ Recovery Education ____ Spirituality Classes

____ Health & Nutrition Education ____ Basic Living Skills ____ Support Groups

____ Anger Management Classes ____ Credit & Money Management

Other services: _____

What goals do you want to accomplish by participating in New Awakening's mentoring program?

Your signature

Printed name

Date

Mentor's signature

Printed name

Date