



# REACHING BACK

"To Our Youth"

## Mentee intake package

### **Step 1)**

Fill out intake form completely and: email back to [info@reachingbacktoouryouth.org](mailto:info@reachingbacktoouryouth.org) or mail back to 3410 High St. Sacramento, Ca. 95838. You can also fax back to 916-922-0294.

### **Step 2)**

You will be contacted in approximately one week for an in person interview so we can get to know you better and complete your profile for matching with a mentor.

### **Step 3)**

Once we have located a mentor that would be a good match for you one of our matchmakers will contact you to set up a meeting between you, the mentor, and our matchmaker. Should all go well you will be officially matched!



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## "To Our Youth"

### Personal Information

Last Name		First Name		Middle Initial
Date of Birth	Sex			
Address				
City		State	Zip Code	
Home Phone		Cell Phone		
Email Address		IM		

<p><b>Interest</b></p> <p><input type="checkbox"/> Mentee</p> <p><input type="checkbox"/> Mentor</p> <p>What got you interested?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Ethnicity</b></p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American Descent</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Pacific Islander</p> <p><input type="checkbox"/> Latino</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> East Indian</p> <p>Other _____</p>	<p>How did you hear about us?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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### Needs & Issues (Check all that apply)

<p><input type="checkbox"/> Domestic Abuse?</p> <p><input type="checkbox"/> Involved in gangs?</p> <p><input type="checkbox"/> Drug Abuse?</p> <p><input type="checkbox"/> Sexual Abuse?</p> <p><input type="checkbox"/> Theft?</p> <p><input type="checkbox"/> Been to juvenille hall?</p>	<p><input type="checkbox"/> Been in goup homes?</p> <p><input type="checkbox"/> Been to jail/prison?</p> <p><input type="checkbox"/> Kicked out of school?</p> <p><input type="checkbox"/> Mental illness?</p> <p><input type="checkbox"/> Homeless?</p> <p><input type="checkbox"/> Alchohol abuse?</p>	<p><input type="checkbox"/> Been arrested?</p> <p><input type="checkbox"/> Been convicted of a felony?</p> <p><input type="checkbox"/> Troubles at home?</p> <p><input type="checkbox"/> Teenage Pregnancy?</p>
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### Emergency Contact Information

Last Name		First Name		Middle Initial
Address				
City		State	Zip Code	
Home Phone		Work Phone		



