

To whom it may concern,

Volunteers for Youth matches caring, adult volunteers with school-aged young people through structured mentoring programs. Adults and children are asked to commit to getting together with one another on a weekly basis for at least one year. Studies show that building relationships with constructive adult role models through such programs has a positive influence on children's behavior.

Volunteers for Youth adheres to the following non-discrimination policy that was adopted by our Board of Directors in 1992: **It is the policy of Volunteers for Youth not to discriminate against or deny applicants, clients or employees of this Agency or governing Board its services on the basis of race, color, religion, sex, age, national or ethnic origin, disability, sexual orientation, or other reason prohibited by law.** Volunteers for Youth's mentors are carefully screened and trained before being introduced to children and their families. Once volunteer applicants have completed the screening and training process, staff members carefully consider many different factors in determining which mentor should be matched with which child. Once that decision has been made, the child and child's guardians have the final authority to accept or turn down a possible mentor.

Many local children are in need of mentors. Unfortunately, there are more children waiting for mentors than there are volunteers so we are unable to match every child. However, we welcome referrals and will do our best to find volunteers for the young people referred. You are welcome to call us at any time if you have questions about this process.

Thank you.



205 Lloyd St., Suite 103, Carrboro, NC 27510
phone: 967-4511, fax: 967-4540

YOUTH REFERRAL FORM

ALL INFORMATION ASKED FOR BELOW WILL BE KEPT IN STRICTEST CONFIDENCE AND IS FOR AGENCY USE ONLY.

Date Referred _____ Referral Source _____

Child's Name _____ Age _____

(First) (Middle) (last) (Suffix)

Telephone _____

Address _____

City, State Zip Code _____

Date of Birth _____ SS# _____

Race _____ Sex _____ Height _____ Weight _____

School Status at Admission: *(Please circle)*

Enrolled Dropped out Expelled (Long Term Suspension)

School _____ Grade _____

Principal/Guidance Counselor _____

Detailed Directions to the home:

WHY ARE YOU REFERRING THIS CHILD TO THE MENTORING PROGRAM?

YOUTH INFORMATION (Attach additional information page if necessary)

Assuming the child's acceptance into this program, what type of volunteer could best serve this child (age, background, etc.)?

What are the major needs of the youth that a volunteer might meet?

Are there any special problems a volunteer should know about?

What are the youth's interests, hobbies, favorite sports and activities?

List problems with academics, discipline, and/or attendance.

LIST MEMBERS OF YOUTH'S CURRENT HOUSEHOLD

Name	Relationship to Youth	Age	School or Occupation
1.			
2.			
3.			
4.			

INFORMATION ABOUT PARENTS OR GUARDIANS

Name _____ Relationship to Youth _____

Employment _____ Home # _____ Work # _____

Name _____ Relationship to Youth _____

Employment _____ Home # _____ Work # _____

Family Status: Single ___ Separated ___ Married ___ Remarried ___ Divorced ___ Widowed ___

INFORMATION ABOUT ABSENT PARENT:

Does he/she have contact with youth? _____ If yes, how often? _____

When did the youth last see parent? _____

Does parent have legal visiting rights? _____

Where does he/she live? _____

Signature of Referral Source

Title/Position of Referral Source

Date

Person Completing This Form