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.
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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to Youth</th>
<th>Age</th>
<th>School or Occupation</th>
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**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