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YOUTH REFERRAL FORM

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

Child's Name: _____ Age: _____ Date of Birth: _____

Telephone: _____ Parent Email: _____

Address: _____

City, State, Zip Code: _____

School: _____ Race: _____ Gender: _____

Why are you referring this child for a mentor?

What type of volunteer could best serve this child (age, background, etc.)?

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

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

Name of Parent/ Guardian: _____

Relationship to Child: _____

Name of Person Referring Child: _____

Date: _____