

Date Rec'd:

Rec'd by:

Y*E*S* Youth Empowerment Solutions
"Preparing today's youth for tomorrow's world"
Mentoring Program
2389 Sherman, Suite 106
North Bend, OR 97459
541-297-7328 or 541-297-5542



Mentoring Program Referral Form

Date: _____

Name and phone number of the person making the referral:

Name: _____ Phone: _____

Did you inform the youth's parent or guardian about this referral (if applicable)?

Yes No Date parents/guardians were informed: _____

If youth is under eighteen or has a legal guardian please fill out attached sheet.

Youth's First Name: _____ Last Name: _____

Address: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Youth's Date of Birth: _____ Youth's Current Age: _____ Youth's Gender: _____

Currently Living in Household: Father Mother Brothers Sisters Others

Does the youth have a disability? _____ If yes, what category _____

Youth's Ethnic Background:

White _____ Black or African American _____ American Indian or Alaskan Native _____

Native Hawaiian or Pacific Islander _____ Bi-Racial or Multi-Racial _____ Other _____

Youth's Education Level:

Grade (If still in school): _____ Out of School _____ Received high school diploma _____

Received GED _____ Completed Vocational Schooling _____

Currently Attending College _____ Completed some College _____

What are the youth's interests? _____

What type(s) of special needs does the potential mentee have? _____

What type(s) of job/career interests does the potential mentee have? _____

Is there any other information we should be aware of? _____