



YMCA Youth & Family Services

Y-FRIENDz

Mentee Referral Form

OFFICE USE ONLY

Date of Received ___/___/___

Approved: _____

Denied: _____

This form is to be completed *by referral agency* and returned to Y-FRIENDz. Information on this form will be kept confidential and will be used to assist the Community Coordinator in matching the child with an appropriate mentor. Please take the time to fill in *all* the information completely.

PLEASE COMPLETE IN FULL. PLEASE ONLY USE PEN, IN EITHER BLUE OR BLACK INK:

REFERRING AGENCY (school, church, therapist, etc.)

Contact Person: _____ Title _____ Date ___/___/___

Name of Agency _____

Address _____

City _____ State _____ Zip _____ Phone Number () _____ Extension _____

What days are you at this school and when are you available? M T W TH F Times: _____

Cell Number: _____ Other Phone#: _____ Email: _____

MENTEE INFORMATION (must be between the ages of 4-15 and have a parent that is currently incarcerated.)

Last Name _____ First Name _____ Age _____ Birthdate ___/___/___

Address _____ Male Female

City _____ State _____ Zip _____ Home Phone () _____ Email Address _____

Please list any siblings that may be interested in being part of the program in addition to the above mentioned Mentee. NOTE that youth ages 5-15 can only qualify for the program.

1. _____ Birthdate ___/___/___ Male Female 3. _____ Birthdate ___/___/___ Male Female

2. _____ Birthdate ___/___/___ Male Female 4. _____ Birthdate ___/___/___ Male Female

YMCA OF SAN DIEGO COUNTY PARTICIPANT ETHNICITY TRACKING TOOL (OPTIONAL):
 This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.

White/Caucasian Black/African American Hispanic/Latino Other
 Native American Indian Multi Cultural Asian/Pacific Islander

PRIMARY LANGUAGE English Spanish Other _____

PLEASE COMPLETE THE BACK SIDE OF THIS FORM! THANK YOU!



PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____	Relationship to Mentee _____
Home Phone () _____	Work Phone () _____ Cellular Phone () _____
E-Mail Address _____	Language(s) Spoken _____
Is this the Legal Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No If there is another person that is legal guardian please provide _____	
ADDITIONAL CONTACT NUMBERS	
Name. _____	Relationship to Mentee _____ Phone () _____
Name. _____	Relationship to Mentee _____ Phone () _____

INCARCERATED PARENT INFORMATION

This information will only be used by the Y-FRIENDz Mentoring Program. Information on this form will be kept confidential. Please take the time to fill out as much information as possible.	
Please indicate the parent that is incarcerated? <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both <input type="checkbox"/> Other _____	
Parent Name _____	Where is parent incarcerated? _____
Reason of incarceration _____	

Is Mentee aware of Incarceration? _____	

Y-FRIENDz Contact Information	
Program Director: Stacy Dertien sdertien@ymca.org	
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Fax # :	619-281-8324