



P.O. Box 41506
TUCSON, AZ 85717
TELEPHONE (520) 624-4765
FAX (520) 624-4785
EMAIL: 1ON1MENTORING@GMAIL.COM

ONE-ON-ONE MENTORING REFERRAL FORM

THIS FORM, AND THE SIGNED PARENT PERMISSION FORM, ARE TO BE COMPLETED *BY THE REFERRAL AGENCY* AND RETURNED TO ONE-ON-ONE. INFORMATION ON THIS FORM WILL BE KEPT CONFIDENTIAL AND WILL USED TO ASSIST THE COUNSELOR IN MATCHING THE CHILD WITH AN APPROPRIATE SENIOR PARTNER. PLEASE FILL IN AS MUCH INFORMATION AS POSSIBLE.

PLEASE SEND ALL FORMS TO: ANDREA WILLIAMS

PHONE: 624-4765, EXT. 1 FAX: 624-4785
EMAIL: 1ON1MENTORING@GMAIL.COM

PLEASE PRINT

DATE: _____ REFERRING AGENCY: _____

ADDRESS: _____

CITY: _____ ZIP: _____ EMAIL: _____

CONTACT PERSON: _____ TITLE: _____

PHONE: _____ EXT#: _____

CHILD IDENTIFYING DATA

NAME: _____ HOME PHONE: _____

CHILD LIVING WITH: _____ RELATIONSHIP TO CHILD: _____

CURRENT ADDRESS: _____

CITY: _____ ZIP: _____ MESSAGE PHONE: _____

MAILING ADDRESS (IF DIFFERENT): _____

AGE: _____ DATE OF BIRTH: _____ ETHNIC ORIGIN: _____ SEX: _____

LEGAL GUARDIAN: _____ LANGUAGE SPOKEN AT HOME: _____

ONE-ON-ONE MENTORING REFERRAL FORM

FAMILY DATA:

FATHER: _____ LIVING WITH CHILD? Yes No

ADDRESS & HOME PHONE (IF DIFFERENT THAN CHILD): _____

DESCRIPTION OF RELATIONSHIP WITH CHILD: _____

EMPLOYER: _____ WORK PHONE: _____

STEPFATHER: _____ LIVING WITH CHILD? Yes No

ADDRESS & HOME PHONE (IF DIFFERENT THAN CHILD): _____

DESCRIPTION OF RELATIONSHIP WITH CHILD: _____

EMPLOYER: _____ WORK PHONE: _____

MOTHER: _____ LIVING WITH CHILD? Yes No

ADDRESS & HOME PHONE (IF DIFFERENT THAN CHILD): _____

DESCRIPTION OF RELATIONSHIP WITH CHILD: _____

EMPLOYER: _____ WORK PHONE: _____

STEPMOTHER: _____ LIVING WITH CHILD? Yes No

ADDRESS & HOME PHONE (IF DIFFERENT THAN CHILD): _____

DESCRIPTION OF RELATIONSHIP WITH CHILD: _____

EMPLOYER: _____ WORK PHONE: _____

	<u>SIBLINGS</u>	<u>AGE</u>	<u>LIVING AT HOME</u>	<u>DESCRIPTION OF RELATIONSHIP WITH CHILD</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

DOES THE CHILD RUN AWAY? Yes No

COMMENTS: _____

FAMILY/CHILD HISTORY (IF KNOWN)

PHYSICAL ABUSE _____

SEXUAL ABUSE/INCEST _____

NEGLECT _____

CHEMICAL DEPENDENCY/ALCOHOLISM _____

SUICIDAL TENDENCIES _____

DISABILITY, HANDICAP, ILLNESSES _____

RAPE/TEEN PREGNANCY _____

MENTAL HEALTH ISSUES _____

ONE ON ONE MENTORING REFERRAL FORM

WHAT IS THE CHILD'S ATTITUDE TOWARDS SELF?

VERY GOOD _____ GOOD _____ FAIR _____ POOR _____

SCHOOL

SCHOOL CURRENTLY ATTENDING: _____ GRADE: _____

SCHOOL ADDRESS: _____ PHONE: _____

WORKING AT GRADE LEVEL: _____ IN SPECIAL ED PROGRAM? _____

EXPLAIN: _____

EDUCATIONAL NEEDS: _____

COUNSELOR/SOCIAL WORKER: _____

PERSON WITH WHOM CHILD RELATES BEST: _____

ATTENDANCE: _____ IF NOT ATTENDING, WHY? _____

ATTITUDE TOWARDS SCHOOL: _____ TEACHERS: _____ PEERS: _____

BEHAVIOR IN SCHOOL: _____

SUBJECTS MOST ENJOYED: _____

PARTICIPATION IN SCHOOL ACTIVITIES: _____

HOW CAN A SENIOR PARTNER HELP?: _____

LEGAL DATA

PLEASE LIST ALL CONTACTS WITH POLICE AND JUVENILE SYSTEM, INCLUDING ALL CONTACTS IN OTHER JURISDICTIONS IF APPLICABLE.

DELINQUENT OFFENSES:

	<u>DATE</u>	<u>OFFENSE</u>	<u>OUTCOME</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

INTERESTS (INCLUDES CHILD'S INTERESTS, HOBBIES, TALENTS, ETC.)

RECOMMENDATIONS FOR MATCHING?

ADDITIONAL COMMENTS:

