

The Flower Pot

Mentee Referral Form

Child Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Age of Child: _____

Ethnicity (Optional): _____

Has the Child ever been convicted of a felony? YES NO

If yes, explain: _____

Referral Information

Name of Person making referral: _____ Relationship to child: _____

Phone#: _____

Best time to be contacted: _____ Email: _____

References

Please list two references.

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Phone: _____

Address: _____

Additional Information

Who does the
Child Live with:

Parent Guardian Foster Home Other:

If other, please explain: _____

Address: _____

Phone#: _____

Are the parents and/or guardian aware that we will be
contacting them? YES NO

Reason(s) for Referral: (check all that apply)

Positive Role Model School Behavior
 Try New Activities Family Conflict
 Friendship Building Self-Esteem
 Social Skills Emotional Support
 Peer Conflict Other

If other, please
explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____