



Catholic Family Services

Youth Mentor Referral Form

Youth: _____ DOB: _____ (dd/mm/year)

Address: _____ Phone: _____

Caregiver: _____

Relation to Youth: _____

Social Worker: _____ Phone: _____

Ward Status (ie: Long term, temporary, etc) _____

Medical Information:

Medications: _____

Personal and Family Information (i.e.: custody status, abuse history, past trauma, current status of relationship with caregiver, etc):

Gang Involvement: Yes No Possible

Details: _____

Behavioral History (i.e.: abuse, anger issues, extrovert/introvert, runs away, etc.): _____

Interests/hobbies (to make a good match): _____

Attitude towards having a mentor:

Highly Enthusiastic -----Very Reluctant

*Please note that this is a voluntary program. Should the youth or any party request to no longer be involved, the request will be honored and the contract terminated. A corresponding child services contract must be in place before service will begin and must include two hours of administration work per month, a predetermined monthly expense allowance, and mileage allotment (typically 6 hrs/wk, \$100/month, 200km/month).