



# WATERSHED MENTORING YOUTH REFERRAL FORM

YOUTH FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

YEAR OF EXPECTED GRADUATION FROM HIGH SCHOOL: \_\_\_\_\_

1. PARENT/GUARDIAN First NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

Parent/guardian primary phone:

parent/guardian work phone:

parent/guardian cell phone:


2. PARENT/GUARDIAN FIRST NAME:

LAST NAME:

Parent/guardian primary phone:

parent/guardian work phone:

parent/guardian cell phone:


ADDRESS (IF DIFFERENT FROM CHILD):

\_\_\_\_\_

Reason(s) this youth would benefit from participating in the Mentoring Project:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAMILY COMPOSITION:

- |   |   |
|---|---|
| <input type="checkbox"/> Child of incarcerated parent           | <input type="checkbox"/> Parent under supervision of DOC      |
| <input type="checkbox"/> Child in single parent household       | <input type="checkbox"/> Living with grandparent(s)/other kin |
| <input type="checkbox"/> In foster care                         | <input type="checkbox"/> Homeless                             |
| <input type="checkbox"/> Child of deployed parent(s)            | <input type="checkbox"/> Child of refugee(s)                  |
| <input type="checkbox"/> Living in poverty (free/reduced lunch) | <input type="checkbox"/> Parents' first language not English  |
| <input type="checkbox"/> Rural                                  | <input type="checkbox"/> Living independently                 |
| <input type="checkbox"/> Urban                                  | <input type="checkbox"/> Adopted                              |
| <input type="checkbox"/> Receiving truancy services             | <input type="checkbox"/> Group home                           |
| <input type="checkbox"/> Number of siblings                     | <input type="checkbox"/> Ethnicity: _____                     |

Referrals will be accepted anytime. Return this form to Watershed Mentoring. Pairing with a mentor is dependent on the availability of mentors.

Referred by:

\_\_\_\_\_ Contact information: \_\_\_\_\_

Relationship to youth:

\_\_\_\_\_ Date of referral:



## WATERSHED MENTORING Youth Profile

YOUTH FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

TOWN: \_\_\_\_\_

DOB: \_\_\_\_\_

GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

### **ABOUT ME (to be completed by the youth or with input from the youth):**

Some words that best describe me are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to spend time with a mentor doing....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I think a mentor is someone who....

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My goal(s) for mentoring is/are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to spend time with a mentor who is:

(Please circle one)      Male      Female

(Please circle one) Young adult Middle aged adult Senior Citizen No Preference

Return to:

Coordinator  
WATERSHED MENTORING  
27 Church Street, Suite 2  
St. Albans, VT 05478  
Phone: (802) 527-5049  
Fax: (802) 524-3952  
[mentoring@fcccp.org](mailto:mentoring@fcccp.org)

### INTEREST SURVEY

#### How do you like to spend your free time?

Write **P** next to activities in which you would like to participate.

Write **W** next to activities you like to watch.

Write **T** next to activities you would like to try

#### **SPORTS**

Archery  
Auto Racing  
Baseball  
Basketball  
Billiards  
Bowling  
Snow sports  
Football  
Frisbee  
Golf  
Handball  
Hockey  
Ice Fishing  
Ice Skating  
Martial Arts  
Ping Pong  
Racquetball  
Roller Blading  
Rowing  
Soccer  
Softball  
Swimming  
Tennis

Track  
Volleyball  
Weightlifting  
Wrestling  
Other

#### **OUTDOOR**

Astronomy  
Bicycling  
Boating  
Camping  
Fishing  
4 wheeling  
Gardening  
Go-Karts  
Hiking  
Horseback Riding  
Hunting  
Ice Skating  
Jogging  
Motorcycling  
Nature Study  
Picnicking  
Radio Control  
Models

Rock Climbing  
Rodeos  
Sight Seeing  
Sledding  
Snowmobiling  
Travel  
Walking  
Water activities  
Other

#### **INDOOR**

Arcade  
Arts & Crafts  
Board Games  
Cards  
Chemistry  
Collections  
Computers  
Concerts  
Cooking  
Dancing  
Knitting  
Models  
Movies

Museums  
Music  
Painting  
Photography  
Quilting

Reading  
Rocks  
Science  
Sculpting  
Sewing

Stamps  
Video games  
Woodworking  
Animals/pets  
Other



27 Church Street Suite 2, St. Albans, VT 05478

## YOUTH COMMITMENT AGREEMENT

I, \_\_\_\_\_, agree to be an active participant in  
(name of youth)

Watershed Mentoring. I agree to:

- \* Participate in the program and meet with my mentor on a regular basis.
- \* Notify my mentor if I can't keep an appointment.
- \* Attend all Watershed Mentoring meetings and special activities in which I am asked to participate.
- \* Contact my Watershed Mentoring coordinator if I have any problems or concerns at 802-527-5049.

\_\_\_\_\_  
Youth (mentee) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Watershed Coordinator

\_\_\_\_\_  
Date



## WATERSHED MENTORING PARENT/ GUARDIAN CONSENT FORM

Watershed Mentoring is a community service program designed to support your child in making healthy choices. This will be accomplished by identifying responsible and committed adults who will serve as mentors. Mentors are selected through an application/interview process assuring personality and behavior that will have a positive impact on the mentoring relationship. A background check is completed on all mentors. Mentors are volunteers, not employees, of Watershed Mentoring. Relevant information about your child shall be provided to the mentor, such as hobbies and interests. Once a "match" is made, an introductory meeting with your child, you, the mentor, and the mentoring coordinator will be scheduled.

If you already know a caring adult in your child's life that may be interested in becoming his/her mentor please write the name of the person below. Name and # of caring adult: \_\_\_\_\_

You are responsible to inform the mentor if your child has a contagious illness or medical condition.

**Please initial all statements of agreement. (A second set of initials is required only in the case of shared custody arrangements.)**

\_\_\_\_\_ I give consent for my child to participate in the mentoring program, including weekly sessions of one to two hours for a period of one year, and I agree to follow all program guidelines/rules.

\_\_\_\_\_ I agree to encourage, support, and reinforce my child's participation at least 4 hours/month for a minimum of one year.

\_\_\_\_\_ I give permission for my child to be identified as a Watershed Mentoring participant and for such pertinent information to be shared with my child's teachers, counselors, or administrators as necessary to support the ongoing needs of my child.

\_\_\_\_\_ I agree to release school attendance and academic performance information for the year prior to my child's participation in Watershed Mentoring and for each year my child is enrolled in mentoring. I understand that my child's participation in the program is not dependent on academic performance, and that academic performance and attendance information is kept confidential and is collected for statistical purposes only.

\_\_\_\_\_ I grant permission to Watershed Mentoring staff/volunteers to transport my child to and from mentoring activities by private vehicle or public transportation.

\_\_\_\_\_ I give permission to Watershed Mentoring staff/volunteer to seek medical attention in the event of an emergency if I cannot be reached. Allergies, required medication, or other medical conditions that a mentor should be aware of include: \_\_\_\_\_

\_\_\_\_\_ I give permission for my child's images (photos, videos, voice recordings) to be used in Watershed Mentoring's promotional materials, website, and media to support the mission of Watershed Mentoring.

\_\_\_\_\_ I agree to participate in periodic surveys regarding my child's progress in the program and, in the event of the termination of my child's participation, to participate in an exit interview if possible or otherwise to give feedback on the program.

\_\_\_\_\_ I release Watershed Mentoring and Franklin County Caring Communities from all liability of injury, death, or damages to me, my child, family, estate, heirs, or assigns that may occur as a result of participation in this program and hold harmless any mentor, staff, or representatives of any injury, physical or emotional, other than where gross negligence has been determined.

Name of child: \_\_\_\_\_ Birth \_\_\_\_\_ date: \_\_\_\_\_

Name/relationship of legal guardian: \_\_\_\_\_

Legal Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact name: : \_\_\_\_\_  
\_\_\_\_\_

Phone:

Emergency Contact name: : \_\_\_\_\_  
\_\_\_\_\_

Phone: