



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:

GENDER: ___ Female ___ Male ___ Transgender ___ Other ___ I prefer not to answer

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"/> |

What race best describes you? (Please check one)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Native American | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> More than one race |
| <input type="checkbox"/> I prefer not to answer | |

Referred by: _____

Contact information: _____

Relationship to youth: _____

Date of referral: _____

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



**WATERSHED MENTORING
Youth Profile**

YOUTH FIRST NAME: _____ LAST NAME: _____
STREET ADDRESS: _____ TOWN: _____
MAILING ADDRESS (IF DIFFERENT): : _____
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

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 for at least one year
- 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: _____