

**Generational Guidance Group (G3)
Referral Form**



This form, and the signed parent permission form, are to be completed by the referral agency and returned to G3. Information on this form is kept confidential and used to assist the Youth Coordinator(s) in matching the child(ren) with an appropriate Mentor. Please fill in as much information as possible and send it to our email G3@peopleofprogression.org.

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: _____
Phone: _____ Age: _____ Date of Birth: _____
Ethnicity: _____ Gender: _____ Legal Guardian: _____

Family Data

Father Name: _____ Living with Child? Yes No (circle one)
Address & Home Phone (if different than child): _____
Description of relationship with child: _____
Employer: _____ Work Phone: _____
Mother Name: _____ Living with Child? Yes No (circle one)
Address & Home Phone (if different than child): _____
Description of relationship with child: _____
Employer: _____ Work Phone: _____
Stepparent Name: _____ Living with Child? Yes No (circle one)
Address & Home Phone (if different than child): _____
Description of relationship with child: _____
Employer: _____ Work Phone: _____
Siblings Age Living at Home? Description of relationship with child:

1. _____
2. _____
3. _____
4. _____
5. _____

Family/Child History (if known)

Physical Abuse _____

Sexual Abuse/Rape _____

Chemical Dependency/Alcoholism _____

Suicidal Tendencies _____

Disability, Handicap, Illnesses _____

Mental Health Issues _____

Does the child run away? Yes No (circle one)

Comments: _____

What is the child's attitude towards self?

Very good _____ Good _____ Fair _____ Poor _____

School Information

School Currently Attending: _____ Grade: _____

Counselor/Social Worker: _____

Person with whom child relates best: _____

STAR Mentor (if applicable): _____

Attitude towards school: _____ Teachers: _____ Peers: _____

How can a mentor help?: _____

Interests (includes child's interests, hobbies, talents, etc.)

Recommendations for matching?

Additional comments:

Generational Guidance Group (G3)

Parent Permission Form



I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program with Generational Guidance Group.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will be expected to spend a minimum of 4-8 hours a month individually with my child in a public place in the community, or or at the Boys & Girls Club. The mentor is not allowed to take my child beyond the area that was mutually agreed upon.

I understand that my child will participate in an orientation session with G3 in which the program will be explained. The program is planned to grow and grow with your child. Continuation may be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of G3 will provide ongoing monitoring of the mentoring activities.

I give the Generational Guidance Group Youth Coordinator(s) permission to obtain my child's academic and attendance records from my child's school.

I permit Mentoring Staff and People of Progression to utilize photographs of my child taken during their involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to Generational Guidance Group Coordinator at G3@peopleofprogression.org by _____.