

Valley of the Sun YMCA
Building Futures Mentoring Program
Child Interest & Referral Form

Date _____

Student Information

Student Name _____

Student Address _____

City _____ Zip Code _____

Parent/Guardian Name _____ Phone _____

Student Date of Birth _____ Current Grade Level _____

Current School _____

Reason for Referral (check all that apply)

Attendance

Peer Problems

Behavior

Family Issues

Academic Progress

Self-Esteem

Other: Please describe reason for referral below

Parental Confirmation

Parents/Guardians have been notified of referral to Building Futures Mentoring

Program: Yes No Date/Time of contact: _____

Primary Language spoken at home _____

Referral Source

Person Referring Student

Name _____ Position _____

Organization _____

Office Phone _____ email _____

Best time/day to contact you _____

For Questions please contact:

Robert Neese

602-212-6071

rneese@vosymca.org

Fax completed form to:

602-212-6180

Or Mail to

Community Initiatives YMCA

222 East Olympic Drive

Phoenix, AZ 85040

ATTENTION: Community Initiatives