



Brockton Christian  
Mentoring Initiative

## Parent Youth Mentor Request

CONFIDENTIAL

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parents'/Guardian's Name(s): \_\_\_\_\_

Parents'/Guardian's Place of Employment: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Referral Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Referral Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Youth : \_\_\_\_\_

Why do you feel your child would benefit from having a mentor?

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How would you describe your child's attitude toward school?

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