

**MENTOR CENTER OF WESTERN NEVADA**  
**(775) 445-3346 /FAX: (775)445-3160**  
**Post Office Box 2740 Carson City, NV 89702**  
[www.wncc.edu/mentor/](http://www.wncc.edu/mentor/)

IMPACT Youth Age _____ M F
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***Request for Youth Mentoring Services***

**INSTRUCTIONS TO PARENTS/GUARDIANS:**

1. Please complete entire form. Leaving out information may delay a match.
2. Open to Carson City youth.
3. Mentor-mentee matches are made from the available pool of trained & certified adult mentors. (Screening includes local & FBI background checks)
4. While we will do everything possible to match your child with a mentor, matches are not guaranteed.
5. Parents/guardians are required to participate in the screening process and attend requested meetings.
6. Matches are made for a period of 12 months. Mentors have committed to spend a minimum of 1 hour per week with your child.
7. Mentor case files are confidential.
8. Mentor-mentee activities are monitored and comply with reporting laws for abuse and neglect.
9. When completed, mail form to:

Mentor Center of Western Nevada  
P.O. Box 2740  
Carson City, NV 89702

or you may deliver it to the Mentor Center Office  
at #104b Reynolds Building, WNCC

**REFERRAL INFORMATION**

Referral source (please check one): Self \_\_\_\_\_ School \_\_\_\_\_ Juvenile Probation \_\_\_\_\_

Mental Health Professional (social worker, counselor etc.) \_\_\_\_\_ Minister \_\_\_\_\_

Boys & Girls Club \_\_\_\_\_ Nevada Hispanic Services \_\_\_\_\_ Ron Wood FRC \_\_\_\_\_

Other (Agency name): \_\_\_\_\_

Referral's name: \_\_\_\_\_

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

State how referral to the Center may assist this child (be very specific please):

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**CHILD**

Full legal name: \_\_\_\_\_  
Last First Middle

Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Physical home address: \_\_\_\_\_  
Number Street City State Zip Code

Mailing Address: (if different): \_\_\_\_\_

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

How long have you lived there: \_\_\_\_\_

Is English a second language? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," preferred written language used: \_\_\_\_\_

If "yes," preferred spoken language used: \_\_\_\_\_

Is there a preferred religious affiliation for this child? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," please state preference: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

How is the child doing in school: Above average \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Has the child participated in other mentor programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," list name and location of program:

Is the child a current participant in any other type of social service, counseling, human service, community or recreational program? Examples: youth clubs, church program, cultural program, scouts, Alanon or Alateen:

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

Current hobbies, interests and activities (such as team sports, reading, art, music, computer games etc.):

\_\_\_\_\_

Any special health concerns or disabilities? \_\_\_\_\_

\_\_\_\_\_

Any known allergies? \_\_\_\_\_

\_\_\_\_\_

Does the child have a parent who is incarcerated? (circle one) YES NO  
If so, where, and does the child have visitation and/or any contact? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

With whom does child reside? List all members of household and their age

	Name	Relationship	Age
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Note any specific discipline and/or behavior problems of concern to you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all known drug/alcohol use: \_\_\_\_\_

List all known arrests/convictions: \_\_\_\_\_

