A DIGITAL VERSION OF THIS FORM CAN BE FOUND AT:
bbbsislandcounty.org/enroll-a-child-1

YOUTH REFERRAL FORM

Please fill out as much of this form as possible. All information will remain confidential.

Youth's Name: ________________________ Youth Date of Birth: ________________

Gender: ☐Male ☐Female ☐Trans Male ☐Trans Female
☐Genderqueer/Nonbinary ☐Different Identity:____________________

Pronouns: ______________ Ethnicity:______________________

School: ____________________ Graduation Year from High School: ____________

Parent/Guardian Name: ____________________ Relationship to Youth: ________________

Parent/Guardian Email: ____________________ Phone Number:________________

Home Address:____

This child needs assistance in the following areas:
☐School performance ☐Classroom behavior ☐Low self-esteem ☐Other: ____________

In what ways do you think having a Big can help this child? Any other comments you'd like to share?

____
____
____
____
____

Person making referral: ____________________ Relationship to Youth:________________

Phone Number:________________ Email:____________________________

Have you discussed this referral with the youth's Parent/Guardian?

☐YES ☐NO

If you have not discussed this referral with the Parent/Guardian, please do so before submitting this form. Consent from the Parent/Guardian is legally required prior to sharing confidential information.

Updated: April 2022

BBBS of Island County
913 E Whidbey Ave, Oak Harbor, WA 98277
Phone: 360.279.0644 **Fax**: 360.279.1356 **Email**: admin@bbbsislandcounty.org