



LAKELAND MENTORING  
CHILD REFERRAL FORM

Referring Agency or Individual: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Referring Agency or Individual has contacted Parent about Lakeland Mentoring: \_\_\_\_\_ Yes \_\_\_\_\_ No

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

County in which Child resides: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Child Eligibility Checklist**

**Please confirm each of the following criteria by marking with an "X":**

- \_\_\_\_\_ Child is between the ages of 5 and 14 years old
- \_\_\_\_\_ Child resides in Washburn County
- \_\_\_\_\_ Child desires to participate in Lakeland Mentoring
- \_\_\_\_\_ Child does *not* exhibit behavior that is harmful to others
- \_\_\_\_\_ Child's needs are appropriate for volunteer intervention

**Child has the following identifiable needs for receiving a mentor:  
(mark all that apply)**

- Is culturally or economically limited
- Poor choice of friends (those with low self-esteem)
- Is working below their ability in school
- Is bullied or has trouble making and keeping friends
- Truancy problems
- Has older siblings who have had significant problems with social, community or school adjustment
- Has a poor self-concept
- Has limited social exposure
- Shows need for adequate support and attention from a stable adult
- Is overly dependent
- Is insecure with and does not trust adults
- Resides in a single-parent home
- Parent or Parents are not present in household

Parent/Guardian Address: \_\_\_\_\_

List any relevant information you would like Lakeland to be aware of: \_\_\_\_\_

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