POUNG ADULT

YOUTH APPLICATION FORM/ REFERRAL FORM

Who can participate? New York area young adults between the ages of 14 and 24 can join! You must be interested in engaging oneon-one with your volunteer mentor, and meet with your mentor once per week, for a minimum of one year.

1. Referee's Contact Information				
Referee's Name:	Relationship to Applicant:			
Phone: Email:				
2. How did you hear about Young Adult Portal's Mentorship Program?				
3. Youth Contact Information:				
IF YOU WOULD LIKE APPLY FOR A MENTOR, ALL YOU HAVE TO DO IS FILL OUT THIS FORM! WE NEED EVERY PIECE OF INFO, BELOW.				
Full Name:	Pronouns:	onouns:		
Date of Birth: Youth Phone:	Youth Email:			
Youth Address:	City:	Postal Code:		
Social Media:		Youth		
Youth School/Program:		Signature		
4. Guardian Contact Information:				
Guardians Name:		Guardian's Signature		
Guardian's Phone:				
Who do you live with?				
5. If you have a social worker, we need their information so we can talk to them about your potential mentor.				
Social Worker Name:				
Social Worker Phone: Social Worker Email:				
6. What are some of your hobbies and interests?				
7. Is there a gender of a mentor that you would feel comfortable being matched with?				
Female Male Other:				
Please note that our waitlist can sometimes be very long and may not guarantee a spot in our program. TO SUBMIT YOUR REFERRAL FORM. Email the completed form to the Mentorship Program Manager at info@youngadultportal.org				