

32 Walnut Street, P.O. Box 6008, Brattleboro, VT 05302-6008 \cdot 802-257-0361 \cdot bbbs@youthservicesinc.org

SCHOOL/AGENCY REFERRAL FORM	
Person Making Referral:	
School or Agency Name:	
School/Agency Phone:	
School/Agency Email:	
Student/Client Name:	
Parent's Name:	
Parent's Mailing Address:	
Parent's Home Phone: Work P	hone:
Please answer the following questions (y/n):	
 Have you asked the child if he/ she is interested in the p Have you suggested the program to the parents? If so, are they interested? 	
Please answer the following:	
1) Why are you referring this student?	
Is there a type of mentor that you feel would best suit the	

COMMENTS: (use back if necessary)

^{*}Please return to BBBS/ Youth Services Inc, PO Box 6008, Brattleboro, VT. 05302 or email to bbbs@youthservicesinc.org.