



Kinnections Volunteer Mentorship Program Referral Form



Ministry of
Children and Family
Development

Education, Housing, Employment, Counselling and Addictions Services
for Children, Youth, Adults and Families

Youth Information

Name of Youth:		Date of Birth: (dd/mm/yy)	
Current Address:		Phone/Cell:	
Email:		Gender:	
Is the youth of Aboriginal descent:			

General Youth Information

Special Interests or Skills:		
<i>If the youth has identified a possible mentor please provide their name and contact information below.</i>		
<i>Name of Identified Mentor</i>	<i>Relationship to Youth</i>	<i>Contact Number</i>
1.		
2.		
3.		

Referral Information

Referring Agency:		Community:	
Contact Name:		Contact Number:	
Email:			
Is the youth aware of this referral?			

A CARF accredited not-for-profit agency / www.pcrs.ca

Head Office, #201 – 2830 Grandview Highway, Vancouver BC, V5M 2C9, Tel: 604-412-7950
Fraser, #3 – 10318 E. Whalley Ring Road, Surrey, BC, V3T 4H4, Tel: 604-951-4821
Vancouver Coastal, #201 – 2830 Grandview Highway, Vancouver BC, V5M 2C9, Tel: 604-412-7950

This program is fully funded by the Ministry of Children and Family Development



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Additional Comments

If you have any additional comments relevant to the referral please include them here or contact **Sarah Louie** Coordinator, *Kinnections Mentorship Program* at **778-866-7154** or slouie@pcrs.ca

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