



Kinnections Volunteer Mentorship Program Referral Form



Ministry of Children and Family Development

Opening doors for children 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 / http://www.plea.bc.ca/ridge_meadows.htm

PLEA Maple Ridge - #200 – 11965 Fraser Street, Maple Ridge, BC V2H 8H7

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 **Rolfe Hilger** Coordinator, *Kinnections Mentorship Program* at **604-476-9153** or rhilger@plea.bc.ca