

**CRAY YOUTH AND FAMILY SERVICES, INC.
MENTORING PROGRAMS**

44 South Beaver Street • New Castle, PA 16101
Phone: 724-654-5507 / Fax: 724-654-5546

Parent/Guardian Reference – To be completed by student’s parent or guardian

Student Name _____

Thank you for taking the time to fill out this reference form for your child to become a volunteer mentor with us! Our program uses the principle of a one-to-one relationship between a mentor (15-18 years of age) and a mentee (6-12 years of age) to help the younger child with such things as self-esteem, peer relations, and schoolwork. The volunteer must be well rounded, consistent, mature and responsible. They will meet in a supervised setting with the child once a week for an hour and a half throughout the school year.

It would help us a great deal if you would carefully answer the following questions to the best of your knowledge. You can seal the evaluation in the attached envelope and give it to the student who is applying. If you are more comfortable doing so, you can also fax it to us at 724-654-5546. This information will remain confidential.

1. Applicants relationship with his/her family: (Circle one of the following)
Good Average Mild Conflict Extreme conflict Unknown

2. Applicants relationship with peers: (Circle all that apply)
Well-Liked Distant Friendly Shy Outgoing Reserved

3. How would you rate the applicant’s friendships?
Many friends Constantly changing Average Few Friends Unknown

4. How would you rate the applicant’s moral ideas?
Below average Average Above average Unknown

5. How would you rate the applicant’s level of responsibility?
Somewhat responsible Very responsible Not responsible

6. Is the applicant involved in extracurricular activities? _____
If so, what activities? _____

7. Do you know any reason why he/she would not make a good volunteer?

8. Describe the applicant’s strong points for working with a child.

Signature

Date

Relationship to applicant