



The Funhouse Mentor Program Parent / Guardian or Self-Referral Form

Please send referral form to:

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The Funhouse’s Mentor program pairs youth with caring adults to form supportive one-on-one relationships. Matches agree to meet for one hour a week, for one year, to have fun, develop life skills, and to do whatever the two of them choose! Mentors are trained in how to connect with youth and in how to help them develop personal skills to support healthy growth. While this is not an academically oriented program, mentors are trained to help youth to think about their personal goals, and to offer the tools and encouragement needed to achieve them. Through the context of a trusting relationship youth gain a friend, a confidant, an advocate, and a resource for helpful life skills and perspectives.

All information provided here is guarded in confidentiality by The Funhouse Mentor Program. We use this information to determine eligibility and to assess potential matches. The Funhouse will never disclose youth’s gender identity, sexual orientation, or any other personal information, including to the youth’s parent/guardian, without the youth’s permission.

*Please answer all questions to the best of your ability
- Youth can self-refer to the program or can be referred by an adult -*

Youth’s Information:

Name: _____ Sex: M F Non-binary
Age: _____ DOB: _____
Address: _____ City: _____ Zip Code: _____
Parent/Guardian Name(s): _____ Relationship to Youth: _____
Address (if different from youth): _____
Home #: _____ Work #: _____
Cell #: _____ Email: _____
Youth’s School: _____ Grade: _____ Primary Teacher: _____

Ethnicity (Optional): African American Caucasian Latino _____
 Asian _____ Pacific Islander _____ Native American/Alaska Native
 Unknown Multi-Racial Other: _____

Language Spoken by Youth: English Only Other (specify): _____ Both
Language Spoken by Parent/ Guardian: English Only Other (specify): _____ Both

Does this youth identify as LGBTQ? _____

Does this youth identify as gender non-conforming? _____

Preferred pronouns: Male (he/him/his) Female (she/her/hers) Other _____

Does this youth qualify for free or reduced price school lunch? Yes No

I am referring this young person to the Funhouse mentor program because I believe they...
-- (Please check all that apply) --

- | | |
|--|--|
| <input type="checkbox"/> Are struggling academically | <input type="checkbox"/> Show signs of substance use |
| <input type="checkbox"/> Have difficulty with social interaction
(are shy or awkward, have few friends) | <input type="checkbox"/> Have been violent or disrespectful
towards their peers or adults |
| <input type="checkbox"/> Frequently appear to be sad or low | <input type="checkbox"/> Have been arrested or otherwise
involved with the legal system |
| <input type="checkbox"/> Are home schooled or socially isolated | <input type="checkbox"/> Are unable to meet their material needs |
| <input type="checkbox"/> Have experienced a traumatic event | <input type="checkbox"/> Appear to have body image issues |
| <input type="checkbox"/> Have a challenging home life | <input type="checkbox"/> Seem to have high levels of anxiety |
| <input type="checkbox"/> Frequently miss school | <input type="checkbox"/> Would benefit from new activities |
| <input type="checkbox"/> Could use a positive role model | |

1. Describe the reason(s) for the referral to the mentoring program. Any recent changes with the young person noticed? Any recent changes with family or living situation? Any specific challenges or difficulties? If so, what and when did they begin?

2. Briefly describe the young person in terms of their personality, strengths, weaknesses, and hobbies/ interests. Include physical, mental, or emotional health issues. What are they good at? What could they work on?

3. What does the young person think about having a mentor? Any clear mentor preferences? Specific ethnicity, gender expression/orientation, or cultural background.

Referral Information:

Referral Date: _____ Phone
#(s): _____
Email: _____

Best Way to be Contacted: Home # Cell # Work # Text Email In Person
Best Times to be Contacted: _____

If not referring yourself to the program:

Name of Person Making
Referral: _____

Relationship to Youth : _____ Have you discussed the program with them? Yes No

If Yes, what was their reaction/ interest level?
