



# LEND A HAND MENTOR PROGRAM

## Permission Form

Welcome to the Lend A Hand Mentor Program! This program connects youth with caring adults in our community. A Mentor is someone who provides kids with support, encouragement and guidance, while introducing your child to new activities in the community. A Mentor is not a disciplinarian, counselor, babysitter, taxi or someone who will borrow your child money. The greatest gift a Mentor can give to your child is time and friendship.

Who will be mentoring your child? Individuals throughout Kandiyohi County express an interest in mentoring. Each volunteer has a thorough background check and completes mentor training prior to being matched with referred youth. When pairing Mentors and youth, we try our hardest to match people with similar interests and hobbies. We ask mentors to commit to a minimum of 4 hours of face-to-face contact a month, for a period of one year with the child they are mentoring.

When completing the Referral Form, **please be as thorough as possible – the more we know, the better the chance for a successful match!** Children become involved in the Lend A Hand Mentor Program for a variety of reasons. No matter what your situation, we hope that your child has a positive, rewarding experience.

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This permission form must be completed in order for your child to be matched with a Mentor. Your child's name will be placed on a waiting list. You will be contacted when a Mentor expresses interest in being matched with your child. Please be aware that this may take several months. There are many kids awaiting a Mentor. **During your wait on the waiting list, it is encouraged that parents/guardians contact the Mentor Program Coordinator once a month to assure you are still interested in having your child mentored.**

I permit my child, \_\_\_\_\_, to become involved in the Lend A Hand Mentor Program. I also allow \_\_\_\_\_, the referring agency to exchange information about my child and my family with the Lend A Hand Mentor Program.

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Parent/Guardian Signature

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Date

Leah Thorpe  
Mentor Coordinator  
Kandiyohi County Area Family YMCA  
P.O. Box 757 Willmar, MN 56201  
Business: (320) 222-9622 Fax: (320) 222-7197  
[mentor@kandiyymca.org](mailto:mentor@kandiyymca.org)



## LEND A HAND MENTOR PROGRAM

### Referral Form

Referral Source: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F

Race: \_\_\_\_\_

Describe your child's personality, including interests and hobbies:

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Reasons you would like a Mentor for your child:

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Type of Mentor who would best meet your child's needs:

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Special needs (SED/EBD/LD): \_\_\_\_\_

Child is involved in special school programming: (circle one)    Yes    No

***If yes, please describe:***

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Diagnoses:

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Any Medication(s):

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