

**IN MY SHOES, INC.
MENTOR REQUEST FORM**

Date Sent_____

Youth's Name_____Age_____DOB_____

Case Manager	Unit	Phone	Fax
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Case Manager's Address

Youth's Caretaker_____Phone_____

Address_____

Youth's Judge_____Phone_____

Youth's Lawyer_____Phone_____

Youth's background/history:

Behavior problems (if any), Youth's personality and interests:

Volunteer Characteristics (educational background, skills, qualifications, etc.):

PRIOR TO SUBMITTING REFERRAL, PLEASE CONFIRM YOUTH'S INTEREST IN HAVING A MENTOR. IF THE YOUTH CURRENTLY HAS A SIGNIFICANT ADULT IN HIS/HER LIFE, ENSURE ROLES DO NOT CONFLICT OR OVERLAP.

Fax referral to In My Shoes Inc. at 323-6819 or send to 4710 E. 29th Street, Building 17, Tucson, AZ. 85711. If you have any questions feel free to contact In My Shoes, Inc. at 520.747.1533.