



Mentor Request Form

CHILD AND PARENT/GUARDIAN INFORMATION (PLEASE COMPLETE AS MUCH AS POSSIBLE)		
Child's Name:	Parent/Guardian Name:	
Address:	City:	
ZIP:	County:	
E-Mail Address:	Phone:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Cell Phone:	
Child's Age: (Child must be between 7 & 12)	Child's DOB:	
Child's School:	Ethnicity:	
ADDITIONAL INFORMATION		
Does the child have a parent who is currently incarcerated in a state or federal prison?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the child receive or qualify for Free or Reduced Lunch?		<input type="checkbox"/> Yes <input type="checkbox"/> No
SUBMITTING THIS REQUEST, BUT NOT THE PARENT/GUARDIAN? PLEASE TELL US THE FOLLOWING:		
Your Name:	Relationship to child:	
Phone:	Email:	
Name of Agency/School/Organization you represent:		
Please check which is true: <input type="checkbox"/> I have spoken to the parent/guardian directly, please call them directly. <input type="checkbox"/> I have not yet spoken to the family; please call me first to provide info.		
ADDITIONAL COMMENTS:		
How do I return this form?		
Mail it: 1391 N. Speer Blvd., Suite 450 Denver, CO 80204	Fax it: 303-455-0252	Email it: bbbs@biglittlcolorado.org