

Dear Community Partner,

We thank you for your time and consideration in referring a child to our programs!

It is our mission to create and support one-to-one mentoring relationships that *ignite the power and promise of youth.*

We have four mentoring program options for youth to enroll in –

**1. Community Based**

Youth ages of 6 to 15 are matched in a one-on-one mentoring relationship. Youth and their mentors meet a few hours a couple times a month in the community to engage in fun activities.

**2. School Based**

Youth in 1<sup>st</sup> – 5<sup>th</sup> grade at Kinsey, Killip, and Thomas are matched in a one-to-one mentoring relationship within the school environment. Youth meet after school one time per week in the fall/spring to participate in facilitated activities with other youth/mentors. Williams also offers this program for 1<sup>st</sup> – 8<sup>th</sup> grade.

**3. Step Up**

Youth involved in the Coconino Juvenile Court participate in weekly group mentoring sessions where they explore their interests and connect to positive resources in the community.

**4. Link Up -NEW!**

Youth ages 15 to 18 participate in weekly group mentoring sessions where they engage in fun activities with other youth/mentors in the community.

We will follow up with interested families within one business day. Please fill out the information below for any child who is interested and email the completed form to Maya Molina, at [maya@flagstaffbigs.org](mailto:maya@flagstaffbigs.org)

Thank you!

**We kindly ask that you inform the family you will be making the referral and to know they can be expecting a phone call from us!**

Date of Referral: \_\_\_\_\_

Name of Person Referring: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**YOUTH INFORMATION:**

First and Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender Identity: \_\_\_\_\_

Parent/Guardian First and Last Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Preferred Method of Contact: \_\_\_ Phone Call \_\_\_ Text Message \_\_\_ Email

Program of Interest: \_\_\_ School Based \_\_\_ Community Based  
\_\_\_ Step Up \_\_\_ Link Up

Reason for Referral:

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Additional Important Information:

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