



## Refer a Participant Form

Thank you for referring a participant to Second Chance Volunteers Inc. Please complete the following form to help us understand how we can support the referred individual. All information will remain confidential.

### 1. Participant Information

Full Name: \_\_\_\_\_ Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address (Optional): \_\_\_\_\_

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

Preferred Language(s): \_\_\_\_\_

### 2. Referral Source

Referring Agency/Organization: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

### 3. Case Details

Reason for Referral (Brief Description): \_\_\_\_\_

\_\_\_\_\_

Hours Required to Complete: \_\_\_\_\_ Completion Deadline: \_\_\_\_\_

Participant's Current Situation (check one):

☐ On probation

☐ Diversion program

☐ Alternative sentencing

☐ Other: \_\_\_\_\_

### 4. Additional Information

Any Special Considerations (e.g., accessibility needs, scheduling constraints): \_\_\_\_\_

\_\_\_\_\_

Skills/Interests (e.g., environmental cleanup, working with kids): \_\_\_\_\_

\_\_\_\_\_



## 5. Consent and Authorization

Consent Statement:

I authorize the referral of the individual named above to Second Chance Volunteers Inc. for the purpose of completing volunteer hours. I confirm that the information provided is accurate and that the participant has agreed to participate in this program.

☐ I agree to the terms and conditions.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Submission Instructions

Please email the completed form to [elainah@secondchancevolunteers.org](mailto:elainah@secondchancevolunteers.org) or mail it to our office at 750 E Main Street, Suite 620, Stamford CT 06901. For any questions, contact us at (855) 414-4440.