



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): _____

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 submit completed form by email or fax.

Email address elainah@secondchancevolunteers.org. Fax number is (855) 414-4440.

For any questions, contact us at (855) 414-4440.