



Information for Success Stories

290 North D Street, Suite 600
San Bernardino, CA 92415
(909) 387-9859

Youth Provider: _____

Name: _____

Occupation: _____

Tell us about your situation or the challenges you were facing before connecting with your youth provider:

How did you learn about your youth provider?

What was the result of your experience with your youth provider (example: landed an apprenticeship or a full-time position)?

What was the best thing about your experience with your youth provider?

Was there a particular staff member with your youth provider you would like to recognize for their assistance?

In one or two sentences, please describe how you feel about your overall experience with your youth provider.

Please provide a quote about how this assistance impacted you and your future:

Do we have your permission to use your name, story, and information in this form for publicity purposes?

Yes No

Youth Signature

Date