

*The Maryland Mentoring Partnership
Program Information Form*

Date _____

Program Name _____ Year Established _____

Sponsoring Organization _____

Address _____ City _____ County _____ Zip _____

Area Served _____

Partners _____

Contact Person _____ Title _____

Phone _____ Fax _____

Email _____ Website _____

Youth Served Elementary Middle High All of the above Other _____

Model Traditional (one-to-one) Group (1 adult: up to 5 youth) Team (more adults than students)
 Youth Development (1 adult: greater than 5 youth) E-mentoring Peer Mentoring

Location of Mentoring Activities

School Workplace Church
 Campus Community Center/Organization Determined by Mentor/Mentee

Classification (This program could best be classified as...)

Community Faith Based Corporate Government Higher Education

Mission Statement (What's the purpose of your program?):

Goals for Mentees (i.e. academic achievement, life skills, career exploration):

Target Population (Include school, gender, race, age range):

Mentor/Mentee Activities (i.e. goal setting, homework assistance, field trips, speakers):

PLEASE MAIL OR FAX THE COMPLETED FORM TO:



The Maryland Mentoring Partnership
517 N Charles Street, Suite 200 Baltimore, MD 21201
Fax: 410-752-5016 Phone: 410-685-8316 Email: clortiz@marylandmentors.org
Attention: Lee Street

The Maryland Mentoring Partnership Program Information Form

Other services provided to youth in program (i.e. parental support, job placement, counseling):

What days and times are mentors and mentees expected to meet? _____

Number of Mentors _____ **Number of Mentees** _____

Do you accept mentors from the community at large? Yes No
If no, from where? _____

Do you accept mentees from the community at large? Yes No
If no, from where? _____

Mentor Time Commitment: No Length Specified One School Year
 One Calendar Year Other _____

Screening Process for Mentors (Check all that apply):

- Fingerprint Check Name/ Social Security # Check Reference Check
 Interview Application Other _____

Frequency with which mentors are expected to have individual, IN-PERSON contacts with their mentee each month:

- One time per month Two times per month Three times per month
 Four times per month Other (specify) _____ N/A – there is no defined expectation

What training seminars would you be interested in exploring (Check all that apply):

- Resource Development Mentor Training Mentee Training Networking
 Program Development Training the Trainer Stages of Youth Development Youth Culture
 Program Coordinator Certification (12 hrs covering youth development, mentor training, evaluation, resource development, train the trainers, and recruitment)
 Program Evaluation Other _____

Please list any other mentoring programs that you know of:

<i>Program Name</i>	<i>Contact Person</i>	<i>Phone Number</i>

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