



Agency Program Overview!

Name of Agency/Organization: _____

Name of Mentoring Program: _____

Name of Mentoring Program Director: _____

Contact Person: _____

Address/City/Zip _____

Phone: _____ Fax: _____

Email: _____

For receiving email updates from The Mentoring Collaborative

Do you have a formal mentoring program? _____ Yes _____ No

Do you want to have your Agency/Organization listed on The Mentoring Collaborative's website? _____ Yes _____ No

1. How many years has your program been in existence? _____

2. What geographic area does your program serve? (i.e neighborhood, town, region) _____

3. When does your program occur: School day _____ After school _____ Anytime at
mentor/mentee's choice _____ Other _____

4. How many youth are involved? _____ What age range? _____

5. How many mentors are involved? Adults: _____ Older youth: _____

6. How many children are on a waiting list for a mentor? _____

7. What is the primary focus of your mentoring program:

- General academic support
- Social/character development
- Juvenile justice
- Other _____

- School to work preparedness

8. How would you describe your program?

- School-based
- Agency-based
- Faith-based
- Community-based
- Work-site based
- Other _____

9. What type of mentoring models do you use?

- Traditional Mentoring (one to one)
- Team Mentoring (2-4 adults, up to 10 youth)
- E-Mentoring (on-line relationship)
- Group Mentoring (1 mentor, up to 4 youth)
- Peer Mentoring (older youth with younger youth)
- Non-traditional Mentoring _____

10. Which of the following practices do you formally and consistently incorporate into your program?

- Formal Mentor Screening Process including (check all that apply):
 - _____ Written Application
 - _____ Personal Interview
 - _____ Reference Checks
 - _____ Criminal background checks (fingerprinting)
 - _____ Child abuse registry check
 - _____ Sexual offender registry check
 - _____ Dept. of Motor Vehicles check
 - _____ Other _____
- Mentor orientation session and/or at least two hours of mentor training
- Mentor supervision and support: how frequently? _____
- Minimum one-year (or one school year) commitment from mentors
- Criteria for making mentor-mentee match and monitoring of relationship in early weeks/months
- Structured mentoring activities occurring on a regular basis (at least twice a month)
- Family involvement at some level (e.g. orientation to mentoring, events with mentors)
- Structured program evaluation including:
 - _____ Effects on youth
 - _____ Effects on mentors
 - _____ Program quality
 - _____ Other (please describe): _____

11. What is the expected time commitment for mentors to spend with mentees?

_____ hours per week _____ hours per month

12. Do you formally partner with any of the following groups in your mentoring program?

- Faith congregations
- Business
- Business associates (e.g., Chambers)
- Senior citizens group
- Schools
- Civic groups
- Youth Service Bureau
- Other _____

13. Are you interested in becoming a Certified Partner Agency of The Mentoring Collaborative of Montgomery County? (attend a one-day certification training)

_____ Yes _____ No

14. Are you interested in becoming an Associate Partner Agency of The Mentoring Collaborative of Montgomery County? _____ Yes _____ No

15. Would you like to attend bi-monthly networking meetings with other mentoring agency within Montgomery County?

_____ Yes _____ No

16. What would you describe as your greatest need for support or technical assistance from The Mentoring Collaborative of Montgomery County at this time?

Please complete and return to:

The Mentoring Collaborative of Montgomery County

4801 Springfield Street

Riverside, OH 45431

Fax: (937) 233-0161 or email to gambrell@mentoringcollaborative.org

Phone: (937) 236.9965 x2238

Thank you for taking the time to complete this application.