



**ORGANIZATION INFORMATION**

<b>Organization Name</b>		<b>Date</b>	
<b>Address</b>			
<b>City and State</b>		<b>Zip Code</b>	
<b>Phone Number</b>		<b>Fax Number</b>	
<b>Year Organization Est.</b>		<b>Year Mentoring Began</b>	
<b>Website</b>			

**PRIMARY CONTACT INFORMATION**

<b>Name</b>		<b>Title</b>	
<b>Email Address</b>			
<b>Work Phone</b>		<b>Mobile Phone</b>	
<b>Preferred Contact</b>	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Text <input type="checkbox"/> Email

**PROGRAM SUPPORT AND OPERATIONS**

**Select all that apply:**  Site/School Based Mentoring  Community Based Mentoring  Combination

If school based, what schools do you serve? \_\_\_\_\_

**Our Program:**

- operates under its own 501(c)(3) nonprofit status
- operates under the 501(c)(3) of another organization: \_\_\_\_\_
- has liability insurance
- has Directors and Officers insurance
- conforms with current transportation/vehicle requirements regarding transporting children
- has Board of Trustee meetings at a minimum of four times per year
- does background checks for all mentors in program
- does background checks for all staff of the mentoring program
- has website with up-to-date information
- offers orientation and ongoing training to Mentors
- offers orientation and ongoing workshops to Mentees

## PROGRAM LOGISTICS

**What type of mentoring will your program offer?** *Check all that apply*

- One-to-one     
  Group     
  Team     
  Peer-to-Peer     
  E-Mentoring

**What will be the nature of the mentoring sessions?** *Check all that apply*

- Education/Academic     
  Job Placement/Performance     
  Healthy Behaviors  
 Friendship/Socialization     
  Reduce Recidivism     
  Career Exploration  
 Faith-Based     
  College Preparation     
  Other

**What potential source of mentors will you recruit from?** *Check all that apply*

- Senior Citizens     
  College Students     
  General Public  
 Corporate Employees     
  High School Students     
  Other

**Please check all grade levels your program currently serves.**

<b>Elementary</b>	<input type="checkbox"/> PK	<input type="checkbox"/> K	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<b>Middle</b>	<input type="checkbox"/> 7	<input type="checkbox"/> 8						
<b>High School</b>	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12				

**Please describe the youth population your program will serve.** *New American, Special Needs, Gender Specific, etc.*

### Match Information

Number of Mentors \_\_\_\_\_ Number of Mentees \_\_\_\_\_ Number of Matches \_\_\_\_\_

**Where will the mentoring occur?** *Check all that apply*

- Workplace     
  Juvenile Corrections Facility     
  Out in the Community  
 School     
  After-School Program     
  Online  
 Faith-Based Organization     
  Agency-Based     
  Other

**How often will mentors and mentees meet?**

- Weekly     Bi-Weekly     Monthly     Other \_\_\_\_\_

**Duration mentors/mentees meet each session?**

- 30-60 min     60+ min     Other \_\_\_\_\_

**How long will the mentoring matches endure?**

- 6 M     12 M     School Year     Ongoing     Other \_\_\_\_\_

**Current number of mentors?**

**Current number of mentees?**

**Who will be responsible for supporting both mentors and mentees concerning their relationships?**

## PROGRAM OPERATIONS

**How is/will your program be funded?** *Check all that apply*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Earned Income    | <input type="checkbox"/> Government Grants/Contracts | <input type="checkbox"/> Foundation Grants |
| <input type="checkbox"/> Corporate Grants | <input type="checkbox"/> Donations/Fundraisers       | <input type="checkbox"/> Investment Income |

**Current Year Budget Amount**

**Last Year Budget Amount**

**Number of Paid Staff**

**What instruments do you use to evaluate program success?** *Check all that apply*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Pre-Post Survey           | <input type="checkbox"/> Academic Grades            | <input type="checkbox"/> Match Meeting Frequency |
| <input type="checkbox"/> Feedback Forms            | <input type="checkbox"/> School Attendance Records  | <input type="checkbox"/> Match Interaction Logs  |
| <input type="checkbox"/> Social Emotional Learning | <input type="checkbox"/> Program Attendance Records | <input type="checkbox"/> Closure Evaluation      |
| <input type="checkbox"/> Database(s): _____        |   |  |

**How do you plan to promote your program?** *Check all that apply*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Electronic Newsletter | <input type="checkbox"/> Flyer/Brochure |
| <input type="checkbox"/> Website          | <input type="checkbox"/> Word of Mouth         | <input type="checkbox"/> Other _____    |

## ADDITIONAL INFORMATION

**What other information about your program do you want to share?**

**What training and resources are you interested in at this time?** *Check all that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Background Checks                  | <input type="checkbox"/> Program Development     |
| <input type="checkbox"/> Board of Directors Roles & Agendas | <input type="checkbox"/> Program Logistics       |
| <input type="checkbox"/> Data/Assessment Collection         | <input type="checkbox"/> Recruitment for Mentees |
| <input type="checkbox"/> Match Closure                      | <input type="checkbox"/> Recruitment for Mentors |
| <input type="checkbox"/> Matching and Initiating            | <input type="checkbox"/> Screening/Intake        |
| <input type="checkbox"/> Match Support/Assistance           | <input type="checkbox"/> Staff Job Descriptions  |
| <input type="checkbox"/> Mentee Training                    | <input type="checkbox"/> Staff Training          |
| <input type="checkbox"/> Mentor Training                    | <input type="checkbox"/> Other _____             |

**Completed by:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Please return completed form to:**

Karima Al-Absy  
Advancement and Quality Assurance Manager  
karima@mentornebraska.org  
402-715-4164