MENTOR NEBRASKA

PARTNERSHIP APPLICATION

ORGANIZATION INFORMATION

Organization Name		**Date**	
Address			
City and State		**Zip Code**	
Phone Number		**Fax Number**	
Year Organization Est.		**Year Mentoring Began**	
Website			

PRIMARY CONTACT INFORMATION

Name		**Title**		
Email Address				
Work Phone		**Mobile Phone**		
Preferred Contact	☐ Work Phone	☐ Cell Phone	☐ Text	☐ 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.

Elementary	☐ PK	☐ K	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
Middle	☐ 7	☐ 8						
High School	☐ 9	☐ 10	☐ 11	☐ 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*

☐ Earned Income   ☐ Government Grants/Contracts   ☐ Foundation Grants
☐ Corporate Grants   ☐ Donations/Fundraisers   ☐ 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*

☐ Pre-Post Survey   ☐ Academic Grades   ☐ Match Meeting Frequency
☐ Feedback Forms   ☐ School Attendance Records   ☐ Match Interaction Logs
☐ Social Emotional Learning ☐ Program Attendance Records   ☐ Closure Evaluation
☐ Database(s): _____

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

☐ Community Events   ☐ Electronic Newsletter   ☐ Flyer/Brochure
☐ Website   ☐ Word of Mouth   ☐ 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*

☐ Background Checks   ☐ Program Development
☐ Board of Directors Roles & Agendas   ☐ Program Logistics
☐ Data/Assessment Collection   ☐ Recruitment for Mentees
☐ Match Closure   ☐ Recruitment for Mentors
☐ Matching and Initiating   ☐ Screening/Intake
☐ Match Support/Assistance   ☐ Staff Job Descriptions
☐ Mentee Training   ☐ Staff Training
☐ Mentor Training   ☐ Other _____

Completed by: _____

Title: _____

Please return completed form to:

Fred Whitted
fred@mentornebraska.org
402-715-4164