



Agency Survey Addendum: Mentoring Programs

Agency Name: _____

Mentoring is a one-on-one relationship between a youth and a caring adult. Mentoring relationships help students to appreciate who they are while developing the skills they need to succeed. So that we are able to get a clear picture of the services that you provide and the populations that you serve, please complete this form in addition to the agency survey form. Read through all of the categories and indicate all that apply to your organization on a regular basis. This completed form will help us to make only the most appropriate referrals to your organization. Please attach additional flyers, pamphlets, and other documents as needed.

Ages of youth your organization serves:

Adult Ages:

How long is the mentoring relationship between mentor and child/youth?

One Year Other (specify): _____

How are the youths paired? Female to female Male to male Any combination Other: _____

Do you serve children who:

- | | |
|---|--|
| <input type="checkbox"/> Do not speak English | <input type="checkbox"/> Have mobility challenges (i.e., wheelchair, walker) |
| <input type="checkbox"/> Have a hearing impairment | <input type="checkbox"/> Have developmental disabilities |
| <input type="checkbox"/> Have a visual impairment | <input type="checkbox"/> Have mental or emotional disabilities |
| <input type="checkbox"/> Have learning disabilities | <input type="checkbox"/> Have speech disabilities |
| | <input type="checkbox"/> Other: _____ |

Mentor Screening & Training:

What screening & training process is enforced prior to child/adult match? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Application Packet | <input type="checkbox"/> Background check conducted | <input type="checkbox"/> Interview process |
| <input type="checkbox"/> Business Reference check conducted | <input type="checkbox"/> Personal reference check conducted | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> One-time orientation/training session | <input type="checkbox"/> Continuous orientation/training sessions | _____ |
| <input type="checkbox"/> Meeting with child, child's parent, and mentor | | _____ |

Training Information:

If you provide a mentoring orientation/training session, who conducts the training class?

Name: _____ Title: _____

Name: _____ Title: _____

Length of training session(s): Hours: _____ Days: _____

If you conduct background checks, is there a fee associated that the mentor must pay?

Yes—specify: _____ No

Company do you use for background checks:

Ongoing monitoring of mentors: *After a mentor has been matched with a child, what type of follow-up monitoring is conducted?*

- | | |
|--|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Ongoing training classes — specify types: _____ |
| <input type="checkbox"/> Meetings—How Often: _____ | <input type="checkbox"/> Other(s): _____ |