

Generic Mentoring Program Policy and Procedure Manual

CUSTOMIZABLE TEMPLATE VERSION

Insert your program's graphic here

Revised September 2007

Logos here

Generic Mentoring Program Policy and Procedure Manual

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Generic Mentoring Program Policy and Procedure Manual

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**POLICY AND PROCEDURE MANUAL:
WORKBOOK FOR YOUTH MENTORING PROGRAMS**

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OVERVIEW

How to Use This Template

It is imperative when using these policies, procedures, and forms as the basis for your own to carefully review and revise them to meet your needs. This includes replacing the New Insights name and logo with your own, adding/deleting/revising policies and procedures to make them specific to your own program, and adjusting the forms to fit your program requirements.

The Example of the “New Insights Mentoring Program”

To further illustrate how policies are developed, we have created a fictional mentoring program: New Insights Mentoring Program. Examples of New Insights policies and procedures are shown throughout this workbook. New Insights follows a typical community-based model, providing mentoring services to at-risk youth ages 11–18. We have also included advice throughout this workbook on how New Insights policies and procedures could be adapted for a school-based setting. The New Insights Mentoring Program is meant as an example only and any resemblance to an actual program is purely coincidental.

Section 1. Organizational Background

This section will help you organize essential information about your program and organizational or school setting. This information is important because it helps to define and outline the core structure of your program. If you consolidate these documents into your policy and procedure manual, they will be easy to access and available for quick reference.

Section 2. Program Policies

This section identifies core policies that should govern your mentoring program. Included with each policy is a list of key questions that can guide you in creating your own policies, as well as a sample that you can use as a model.

Section 3. Program Procedures

This section addresses the mentoring program procedures that *operationalize* your policies. We have included sample procedures and forms for the primary operational components of your mentoring program. Because your program’s procedures will likely differ from the New Insights examples, we have included discussion of key concepts behind each procedure and self-assessment questions to help you modify the examples.

SECTION 1. ORGANIZATIONAL BACKGROUND

This first section of your policy and procedure manual should provide a clear picture of your mentoring program's (and your parent agency's) history, mission, vision, and overall structure. This information will allow those who work with your agency to get an overall sense of your organization and to better comprehend how mentoring fits into the framework. This information is also useful for training staff and volunteers and in creating marketing and promotional materials. In this section, you may also want to include any relevant information concerning the specifics of your funding (for example, a government grant) and how it is to be administered.

What to include in this section:

Organizational Information

- Agency and Program History
- Mission Statement
- Vision Statement

Organizational Structure

- Organizational Chart
- List of Board Members (*not included in this template*)
- Job Descriptions

Organizational Documents

- Agency Bylaws (*not included in this template*)
- 501(c)3 Letter (*not included in this template*)
- Memorandums of Understanding (MOU's)
- Relevant Grant and Contract Documents or Other Agency Agreements (*not included in this template*)

Organizational Information

NEW INSIGHTS MENTORING PROGRAM

Agency/Program History

New Insights, a nonprofit organization, was founded in 1999 in Winwood Heights by two grassroots community activists, Mark Hopefield and Lynne Graham. Hopefield and Graham were brought together by a common belief that many youth in their community lacked meaningful academic and career guidance. Determined to make a difference, Hopefield and Graham convened a series of community meetings, attended by more than 30 community leaders and concerned parents. With initial financial commitments from community members and local businesses, Hopefield and Graham founded New Insights as a nonprofit IRS 501(c)3 corporation. Since opening its doors, New Insights has forged strong partnerships with the local business community, media, school districts, and other youth-serving organizations in the community.

Lynn Graham, executive director, and her staff of six continue to carry out the New Insights vision and expand the scope of program services. New Insights currently operates a tutoring program and career exploration resource centers at two local schools and manages a community-based after-school drop-in program. Since its inception, New Insights has served over 400 youth and is currently expanding its scope of services to include a mentoring program for youth 11–18.

NEW INSIGHTS MENTORING PROGRAM

Mission Statement

The mission of the New Insights Mentoring Program is to empower at-risk youth in our community to make positive life choices that enable them to maximize their personal potential.

NEW INSIGHTS MENTORING PROGRAM

Vision Statement

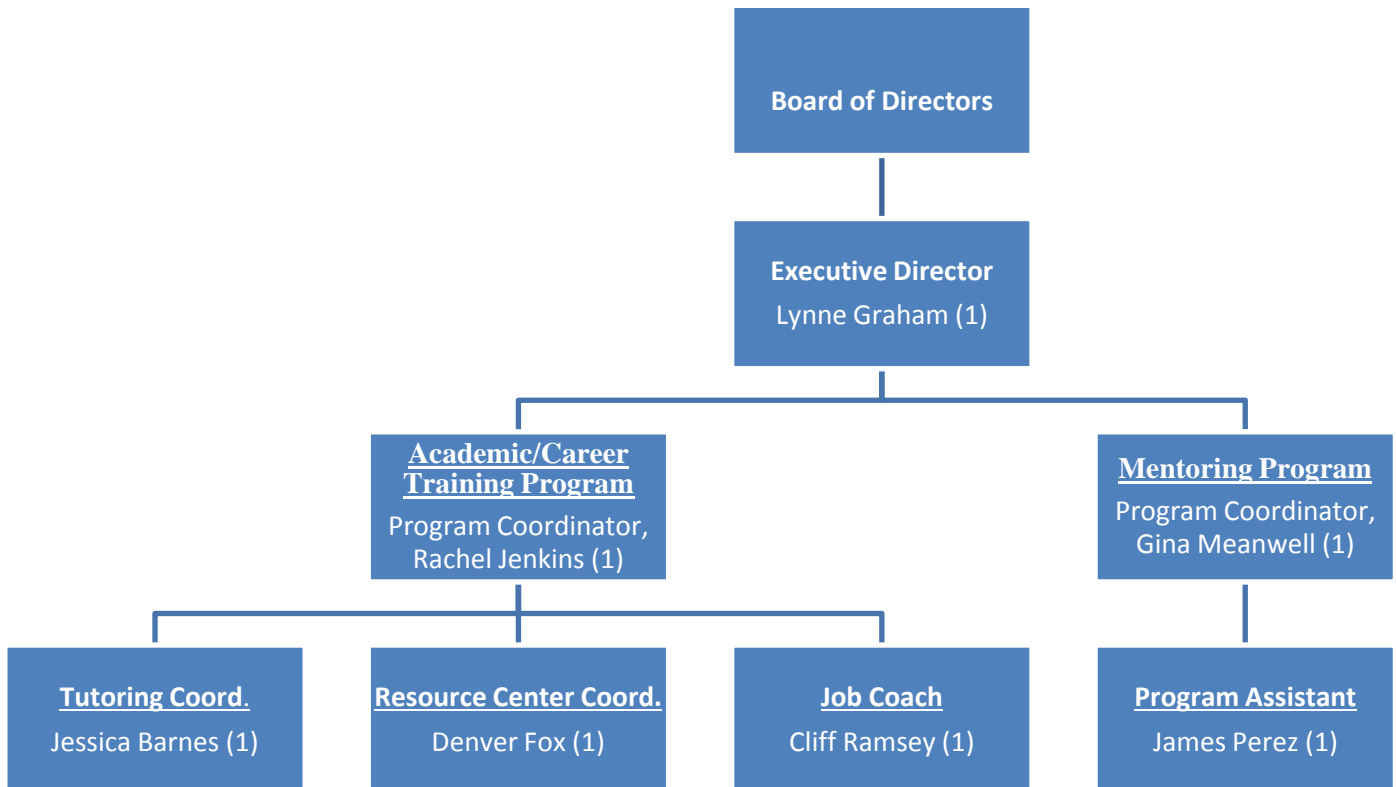
New Insights Mentoring Program envisions a community in which every youth experiences nurturing one-to-one relationships and community support, which in turn allows each of them to develop into their full potential, capable of making informed, responsible decisions as involved members of our community.

Organizational Structure

NEW INSIGHTS MENTORING PROGRAM

Organizational Chart

Updated February 2003



Organizational Documents

NEW INSIGHTS MENTORING PROGRAM

Program Coordinator - Mentoring Job Description

The mission of New Insights, Inc., a nonprofit IRS 501(c)3 agency located in Winwood Heights, is to empower at-risk youth in our community to make positive life choices that enable them to maximize their personal potential. Through collaborative programming with schools and other community-based organizations, we provide educational, social, and mentoring opportunities to enhance the academic performance, community connections, and career options of the youth.

The Program Coordinator oversees the development and implementation of the youth mentoring program, which matches adult volunteer mentors with youth in a one-to-one relationship. The Program Coordinator ensures program quality and performance related to recruiting, screening, matching, monitoring, and closing the relationship with the mentor and child, and communicates with the mentor, parent/guardian, and child throughout the relationship.

Reporting to the executive director, the Program Coordinator is responsible for overseeing all aspects of the mentoring program, and will carry out the responsibilities of the position as defined below:

Duties:

- Create and oversee implementation of an ongoing mentor recruitment plan, including development of an annual recruitment and quarterly activity plans, development and distribution of program marketing materials, presentations to targeted organizations, and ensuring a presence at key community events, etc.
- Perform and oversee participant screening, training, matching, support and supervision, recognition, and closure activities
- Develop and manage relationships with schools, training centers, and community-based organizations
- Build a strong working relationship with our mentoring program advisory board
- Oversee inquiry and orientation process to ensure excellent public relations and customer service
- Manage the planning and implementation of mentor/mentee group events (e.g., bowling trips, pizza parties, end-of-year events)
- Plan and implement recognition activities for program participants
- Maintain and update the program's policy and procedure manual as needed
- Oversee program evaluation activities
- Supervise mentoring program staff
- Attend regional/national conferences to increase knowledge of mentoring program and best practices
- Complete other duties and activities as needed

Qualifications:

- Bachelor's degree preferred with emphasis in social work, psychology, volunteer management, and/or education
- Two or more years experience in mentoring and youth development, working within community organizations and/or schools preferred

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SECTION 1. ORGANIZATIONAL BACKGROUND

- Have expert knowledge of mentoring program policies and procedures
- Extremely strong organizational, writing, verbal, and interpersonal skills
- Creativity and flexibility are essential in assuming significant responsibility
- Experience working in racially, ethnically, and socioeconomically diverse urban communities preferred
- Spanish speaking/writing strongly preferred

Compensation:

Starting salary range: \$30,000–45,000 per annum, plus a benefits package that includes vacation, medical, dental, life insurance, transportation benefit, and retirement 401k plan.

Applications:

A letter of application and résumé must be submitted to: Human Resources, New Insights, Inc., P.O. Box 5575, Winwood Heights, IL 89633.

AN EQUAL OPPORTUNITY EMPLOYER
Minorities and Women Encouraged To Apply

NEW INSIGHTS MENTORING PROGRAM

Memorandum of Understanding

This Memorandum of Understanding (MOU) made this 7th day of January 2003 as managed by the New Insights Mentoring Program (NIMP). This MOU establishes that NIMP, Winwood Heights Middle School (WHMS), Winwood Heights High School (WHHS), and Winwood Heights Recreation Center (WHRC) agree to the following terms and conditions as partners in the New Insights Mentoring Program:

NIMP will:

- Identify, solicit, and recruit volunteer mentor applicants
- Manage programmatic activities including but not limited to development of policies and procedures, fund development, and case management
- Oversee all operational activities including screening, training, matching, support and supervision, recognition, and closure procedures
- Coordinate one-to-one mentor and mentee matching to meet the goal of 25 new matches per year
- Manage all fiscal requirements including fund development, budget management, and fiscal planning
- Provide evaluation summaries of the project to all partners

WHMS will:

- Provide on-site coordination, an adequate project site, office space, and facility amenities
- Identify appropriate WHMS students for referral
- Advise on the academic needs of participating youth
- Assist in providing program evaluation data for participating students including grades, attendance records, discipline records, and counselor and teacher reports
- Provide a contact person
- Cooperate to the fullest extent possible with NIMP Coordinator

WHHS will:

- Provide on-site coordination, an adequate project site, office space, and facility amenities
- Identify appropriate WHHS students for referral
- Advise on the academic needs of participating youth
- Assist in providing program evaluation data for participating students including grades, attendance records, discipline records, and counselor and teacher reports
- Provide a contact person
- Cooperate to the fullest extent possible with NIMP Coordinator

WHRC will:

- Serve as the primary agency for group recreational activities and games
- Provide training programs in youth development, leadership, and relationship building to mentors and program staff
- Provide a contact person
- Cooperate to the fullest extent possible with NIMP Coordinator

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SECTION 1. ORGANIZATIONAL BACKGROUND

NIMP, WHMS, WHHS, and WHRC will hold all information confidential regarding participants and release such information only with signed parental consent or in cooperation with law enforcement investigations in compliance with local and state laws and statutes.

In witness whereof, the parties hereto have caused this MOU to be executed as of the day and year listed below.

New Insights Mentoring Program:

_____	_____	_____
Name	Title	Date

Winwood Heights Middle School:

_____	_____	_____
Name	Title	Date

Winwood Heights High School:

_____	_____	_____
Name	Title	Date

Winwood Heights Recreation Center:

_____	_____	_____
Name	Title	Date

SECTION 2. PROGRAM POLICIES

All mentoring programs need to have clearly defined policies in place that coordinate activities within the organization and among staff members. If your program is part of a larger organization, make sure that your policies correspond with those of your parent organization.

The policies listed below represent widespread mentoring program practices. Most, if not all, will apply to your mentoring program regardless of setting. Based on your program's structure, population served, and community affiliations, you may need to add, delete, or modify policies accordingly.

What to include in this section:

- Recruitment Policy
- Inquiry Policy
- Eligibility Policy
- Screening Policy
- Training Policy
- Matching Policy
- Match Support and Supervision Policy
- Recognition Policy
- Record-Keeping Policy
- Confidentiality Policy
- Transportation Policy
- Overnight Visits and Out-of-Town Travel Policy
- Mandatory Reporting of Child Abuse and Neglect Policy
- Use of Alcohol, Drugs, Tobacco, and Firearms Policy
- Unacceptable Behavior Policy
- Closure Policy
- Evaluation Policy

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SECTION 2. PROGRAM POLICIES

NEW INSIGHTS SAMPLE POLICY

Recruitment Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that there be ongoing recruitment activities for new mentors. As such, an Annual Recruitment Plan will be developed and will include recruitment goals, strategies to achieve those goals, an annual timeline, and budgetary implications. This plan will be kept current with any ongoing adjustments. Additionally, a detailed Quarterly Recruitment Activity Plan will outline specific tasks and activities.

The program coordinator assumes lead responsibility for the recruitment of new mentors. Other mentoring program staff, the executive director, and advisory board members will support the program coordinator in these activities as required.

NEW INSIGHTS SAMPLE POLICY

Inquiry Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that all inquiries regarding participation in the mentoring program are responded to within one business day.

Superb public relations and customer service must be provided to all potential program participants at all times, from first contact throughout the screening process and beyond, regardless of the final screening outcome. All program staff handling calls from prospective mentors must be patient, courteous, and respectful in all interactions.

A system, including backup support and staff training, must be in place to ensure this policy is enforced.

Confidentiality for all potential participants will be upheld from this initial point of contact forward.

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SECTION 2. PROGRAM POLICIES

NEW INSIGHTS SAMPLE POLICY

Eligibility Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that each participant must meet the defined eligibility criteria. Mentoring staff should be knowledgeable of and understand all eligibility criteria required for mentor and mentee participation in the program.

Extenuating circumstances may be reviewed at the discretion of the program coordinator and acceptance may then be allowed with the written approval of the executive director and representative of the board of directors when all eligibility requirements are not clearly met. These instances are expected to be rare.

Mentor Eligibility Requirements:

- Be at least 21 years of age
- Reside in the Winwood Heights metropolitan area
- Be willing to adhere to all New Insights Mentoring Program policies and procedures
- Agree to a one-year commitment to the program
- Commit to spending a minimum of eight hours a month with the mentee
- Be willing to communicate with the mentee weekly
- Complete the screening procedure
- Agree to attend mentor trainings as required
- Be willing to communicate regularly with the program coordinator and submit monthly meeting and activity information
- Have access to an automobile or reliable transportation
- Have a current driver's license, auto insurance, and good driving record
- Have a clean criminal history
- Have never been accused, arrested, charged, or convicted of child abuse or molestation
- Not be a convicted felon. If the applicant has been convicted of a felony then they may be considered only after a period of seven years with demonstrated good behavior and an appropriate and corrective attitude regarding past behaviors.
- Not be a user of illicit drugs
- Not use alcohol or controlled substances in an excessive or inappropriate manner
- Not be currently in treatment for substance abuse. If a substance abuse problem has occurred in the past the applicant must have completed a non-addictive period of at least five years
- Not currently be under treatment for a mental disorder or have been hospitalized for a mental disorder in the past three years
- Not have falsified information during the course of the screening process

Mentee Eligibility Requirements:

- Be 11–18 years old

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SECTION 2. PROGRAM POLICIES

- Reside in the Winwood Heights metropolitan area
- Demonstrate a desire to participate in the program and be willing to abide by all New Insight Mentoring Program policies and procedures
- Be able to obtain parental/guardian permission and ongoing support for participation in the program
- Agree to a one-year commitment to the program
- Commit to spending a minimum of eight hours a month with the mentor
- Be willing to communicate with the mentor weekly
- Complete screening procedure
- Agree to attend mentee trainings as required
- Be willing to communicate regularly with the program coordinator and discuss monthly meeting and activity information

Tip for School-Based Programs:

- There may be other school or district regulations (for example, mandatory immunizations and vaccinations for on-campus volunteers) that will also need to be included in this policy. When setting eligibility criteria, try to be as comprehensive as possible to avoid scenarios where you have to make a decision about a volunteer without clear guidance.

NEW INSIGHTS SAMPLE POLICY

Screening Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that each mentor and mentee applicant completes a screening procedure. All staff members must be trained and required to carefully follow the screening procedures.

At minimum, the following screening procedures are required for mentor and mentee applicants. Program staff must ensure that each applicant completes these established minimum screening procedures:

Mentor Screening Procedures

- Attend the two-hour mentor training
- Complete written application
- Check driving record and gain copy of current insurance coverage
- Check criminal history: state criminal history, child abuse registry, sexual offender registry. Same checks must be performed in all states resided in as an adult.
- Provide three personal references
- Complete personal interview

Mentee Screening Procedures

- Attend the two-hour mentee training
- Complete written application
- Obtain parent/guardian consent
- Complete personal (mentee) interview

The decision to accept an applicant into the program will be based upon a final assessment done by program staff at the completion of the mentor or mentee screening procedure. The program coordinator has final approval for an applicant's acceptance into the program. No reason will be provided to mentor applicants rejected from participation in the program.

All mentors are expected to meet the eligibility criteria. However, extenuating circumstances may be reviewed at the discretion of the program coordinator and acceptance may then be allowed with written approval of the executive director and representative of the board of directors when all eligibility requirements are not clearly met. These instances are expected to be rare.

Documentation of the screening process must be maintained for each applicant and placed in confidential files.

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SECTION 2. PROGRAM POLICIES

NEW INSIGHTS SAMPLE POLICY

Training Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that all mentors and mentees attend a minimum two-hour initial training session prior to being matched. The agendas must cover basic program guidelines, safety issues (including mandatory reporting), and communication/relationship building skills.

Each mentor and mentee will attend an additional two-hour inservice training session at least twice per year. These inservice sessions will be offered to each group at least quarterly.

It is the responsibility of the program coordinator to plan, develop, and deliver all training sessions with assistance from other agency staff, board members, and volunteers. Evaluation forms will be collected from each training session for the purposes of evaluating/improving the content of the trainings and trainer performance.

NEW INSIGHTS SAMPLE POLICY

Matching Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that the program coordinator will follow the guidelines outlined in the match procedure prior to creating a mentor/mentee match. The program coordinator should use the factors outlined in the matching procedure to determine the suitability of a mentor/mentee match.

The program coordinator will determine the suitability based on the following criteria:

- Preferences of the mentor, mentee, and/or parent/guardian
- Similar gender/ethnicity
- Common interests
- Geographic proximity
- Similar personalities

Matches must be either male adult to male youth or female adult to female youth. In special circumstances and with board or director approval, it is acceptable for female mentors to be matched with male youth. It is never acceptable for male mentors to be matched with female youth.

NEW INSIGHTS SAMPLE POLICY

Recognition Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that all participants—including mentors, mentees, and parents/guardians—be recognized as important to the success of the mentoring program. Particular emphasis will be placed upon recognizing the program’s volunteer mentors.

It is the responsibility of the program coordinator to, at minimum, plan and implement the following recognition activities:

- Host an annual recognition event including selection of a mentor, mentee, and parent/guardian of the year along with other outstanding service or performance acknowledgments
- Feature a mentor, mentee, parent/guardian, or general match success story in each quarterly newsletter
- Establish a mentor recognition award system for length of service
- Utilize outstanding mentors to help deliver orientation and training sessions for the recruitment and matching of new mentors.

NEW INSIGHTS SAMPLE POLICY

Match Support and Supervision Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that mentoring staff will make monthly phone or personal contact with all parties to each match including the mentor, mentee, and parent/guardian. Staff must gather information for that month including the dates and times spent participating in mentoring activities and a description of those activities, and assess the success of the match from all party’s perspectives. In the case of match difficulties, discord, or concerns, appropriate discussion and intervention must be undertaken to improve or rectify problem areas.

Mentoring program staff must follow the steps outlined in the Match Support and Supervision Procedure. Beyond monitoring the match relationship and activities, program staff must undertake other efforts that support participants, such as regular group activities for matches, ongoing training events, a formal support structure for mentors, and the attainment of admission to community events/activities for match participants.

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SECTION 2. PROGRAM POLICIES

NEW INSIGHTS SAMPLE POLICY

Record-Keeping Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that each step of the mentoring application and match process be documented by creating a case file for each potential mentor and mentee. All forms for managing mentor and mentee case files are included within the procedures section of this manual.

All records are to be kept confidential and are to be covered by the conditions outlined in the confidentiality policy. Archival records or those records of past applicants and participants will be maintained and kept confidential for a period of seven years after the close of their participation in the program. After seven years, the records will be shredded and discarded with approval from the executive director and destroyed only by approved individuals.

The program coordinator must keep stringent records of all program activities, utilizing approved forms. All files should be regularly maintained and updated within an electronic database and/or hard copy filing system.

The creation of new forms or the revision of existing forms must be documented and kept within the policy and procedure manual

NEW INSIGHTS SAMPLE POLICY

Confidentiality Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program to protect the confidentiality of its participants and their families. With the exception of the limitations listed below, program staff will only share information about mentors, mentees, and their families with other New Insights professional staff and the Board of Directors. Further, all prospective mentors, mentees, and parents/guardians should be informed of the scope and limitations of confidentiality by program staff. Additionally, mentors are required to keep information about their mentee and his/her family confidential.

In order for New Insights to provide a responsible and professional service to participants, it is necessary to ask mentors, mentees, parents/guardians, and other outside sources to divulge extensive personal information about the prospective participants and their families, including:

- Information gained from mentors and mentees, written or otherwise, about themselves and/or their families, in application to and during program participation
- Participants' names and images gained from participants themselves, program meetings, training sessions, and other events
- Information gained about participants from outside sources including confidential references, school staff, employers

Records are, therefore, considered the property of the agency, not the agency workers, and are not available for review by mentors, mentees, or parents/guardians.

Limits of Confidentiality

Information from mentor and mentee records may be shared with individuals or organizations as specified below under the following conditions:

- Information may be gathered about program participants and shared with other participants, individuals, or organizations only upon receipt of signed "release" forms from mentors, mentees, or parents/guardians.
- Identifying information (including names, photographs, videos, etc.) of program participants may be used in agency publications or promotional materials only upon written consent of the mentor, mentee, and/or parent/guardian.
- Members of the Board of Directors have access to participant files only upon authorization by a formal motion of the board. The motion shall identify the person(s) to be authorized to review such records, the specific purpose for such review, and the period of time during which access shall be granted.

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SECTION 2. PROGRAM POLICIES

Such members of the board granted access shall be required to comply with the agency policies on confidentiality and may use the information only for purposes stated by the approved action of the Board of Directors. Known violations shall be reported to the Board chairman. A violation of the agency's confidentiality policy by a Board member shall constitute adequate cause for removal from the Board.

- Information may only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.
- Information may be provided to legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
- Program staff and volunteers are mandatory reporters and as such must disclose information indicating that a mentor or mentee may be dangerous to or intends to harm him/herself or others.
- If program staff members receive information at any point in the match process that a volunteer is using illegal substances, there is a criminal history of any kind, or is inappropriately using alcohol or other controlled substances, the information will be shared with the parent and they will have the option to reject the prospective mentor or close the existing match.
- At the time a mentor or mentee is considered as a match candidate, information is shared between the prospective match parties. However, the full identity of the prospective match mate shall not be revealed at this stage. Names and addresses are shared with match mates only after the involved parties have met and agree to be formally matched. Each party shall have the right to refuse the proposed match based on the anonymous information provided to them. The information to be shared may include:
 - Mentors: age, sex, race, religion, interests, hobbies, employment, marriage or family status, sexual preference, living situation, reasons for applying to the program, and a summary of why the individual was chosen for the particular match. Results of driving records and criminal histories may also be shared.
 - Mentees: age, sex, race, religion, interests, hobbies, family situation, living situation, a summary of the client needs assessment, and expectations for match participation.

Safekeeping of Confidential Records

The executive director is considered the custodian of confidential records. It is his/her responsibility to supervise the management of confidential information in order to ensure safekeeping, accuracy, accountability, and compliance with Board policies.

Requesting Confidential Information From Other Agencies

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SECTION 2. PROGRAM POLICIES

A mentee's or volunteer's right to privacy shall be respected by the agency. Requests for confidential information from other organizations or persons shall be accompanied by a signed release from the mentor, mentee, and/or parent/guardian.

Violations of Confidentiality

A known violation of the agency policy on confidentiality by a program participant may result in a written warning or disciplinary action such as suspension or termination from the program.

Tip for School-Based Programs:

Your school or district may already have a confidential records/information policy that you can use or adapt. You may also need to determine if your records (or parts of them) need to be stored with other school records or repositories of confidential information as delineated in the school's record-keeping or confidentiality policies.

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SECTION 2. PROGRAM POLICIES

NEW INSIGHTS SAMPLE POLICY

Transportation Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program to allow mentors to transport mentees in their own private vehicles. The program coordinator must ensure that all mentors meet the following criteria prior to transporting the mentee:

- All mentors must own a car or have access to *reliable* insured transportation; all safety equipment including blinkers, lights, brake and back-up lights, seat belts, tires, and brakes must be in good operating condition.
- All mentors must possess a valid driver's license and present proof of auto insurance; a record of insurance will be maintained in the mentor's file and will be updated on an annual basis.
- All mentors must undergo a driving record check and have a clean driving record for the last three years.
- New Insights requires that mentors obey all traffic laws, and use seat belts and headlights at all times.
- Mentors must also avoid taking medication or using any other substances that might impair their ability to drive.
- If an accident occurs while the mentor is engaged in mentoring, it should be reported to the program coordinator promptly.
- The mentor must carry a copy of the mentee's health insurance information in the transporting automobile at all times in case of emergency.

If any of the above policy is not followed, the mentor will not be allowed to transport the mentee in a private automobile or may face other consequences.

Tip for School-Based Programs:

Your school or district likely already has a transportation policy and accompanying forms and paperwork for parents that your program could use or modify. Make sure that your policy does not conflict with school regulations, especially around critical factors such as insurance coverage and trip limitations.

NEW INSIGHTS SAMPLE POLICY

Overnight Visits and Out-of-Town Travel Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program to encourage mentor/mentee visits within their own community and limit overnight visits. However, overnight visits and out-of-town trips are permitted under the following conditions:

- Overnight visits and out-of-town travel are only permitted after six months participation with a match.
 - Between six months and one year, overnight visits and out-of-town travel may occur only with approval from both the program coordinator and parent/guardian. Out-of-town travel may occur only with the accompaniment of the parent/guardian or other person designated by the parent/guardian.
 - After one year, both overnight visits and out-of-town travel may occur with permission of the parent only, and the mentee and mentor may travel alone out of town with parental permission. All parties must report all such occurrences during their monthly contact with mentoring staff, the nature of the activity, and the purpose.
- For any and all admissible out-of-town travel, the parent/guardian must write and sign a permission slip stipulating:
 - Their child is permitted to travel with the mentor to the predetermined destination, specifying names and the location(s) being traveled to.
 - Permission for medical treatment in the case of a medical emergency.
- For any and all admissible out-of-town travel, the mentor must write out or type a detailed itinerary of the trip, and provide this to the parent/guardian prior to leaving, and include the following:
 - The destination(s)
 - Phone numbers of their cell phone (optional), places being visited, and lodging
 - Times and dates of departure and arrival at each location being visited
 - Expected time of return
- For out-of-town trips of more than one day's duration, the mentor must check in with the parent/guardian daily by phone, if possible.

During permissible out-of-town travel, the mentor should review and abide by all terms outlined in the transportation policy.

NEW INSIGHTS SAMPLE POLICY

Mandatory Reporting Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that all staff, mentors, and other representatives of the program must report any *suspected* child abuse and/or neglect of agency clients or program participants immediately. All such suspected reports must be made to appropriate state and/or local authorities. Program staff must follow the mandatory reporting of child abuse and neglect procedure.

All employees, volunteers, and mentors of the New Insights Mentoring Program are required to undergo training as to what constitutes child abuse and neglect, what the state statutes are, and how to properly report such cases.

Any staff, volunteers, or mentors accused of child abuse or neglect will be investigated by the agency. Contact with program youth will be restricted or constrained and/or the person in question suspended from employment or program participation per the decision of the executive director and board of directors until such investigation is concluded.

Tip for School-Based Programs:

Your school or district should have policies already in place about mandatory reporting as defined by state law. The school should also be able to provide information or training to your mentors on mandatory reporting requirements and processes.

NEW INSIGHTS SAMPLE POLICY

Use of Alcohol, Drugs, Tobacco, and Firearms Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program to prohibit and discourage the use of drugs, alcohol, and firearms. Mentees and mentors are prohibited from using drugs or alcohol or possessing firearms while engaged in the mentoring relationship. Any suspected violations should be reported to the program coordinator.

Alcoholic Beverages: No participant of the New Insights Mentoring Program will possess or consume beer, wine, or other alcoholic beverages while actively engaged or prior to actively engaging in mentoring, nor shall any participant endorse the use of alcohol. Mentors and mentees may go to a location where minors are allowed and alcohol is served provided that the mentor and youth do not consume any alcohol.

Drugs: No participant of the New Insights Mentoring Program will manufacture, possess, distribute, or use any illegal substance while engaged in mentoring or otherwise.

Tobacco: The intent of New Insights is to create a smoke- and tobacco-free environment. To that end, smoking and the use of all tobacco products is prohibited on the premises of New Insights and those involved with the program must refrain from the use of such products while engaged in mentoring. The use of tobacco products includes but is not limited to cigarettes, cigars, pipes, chewing tobacco, snuff, or other matters or substances that contain tobacco.

Weapons, Firearms, and Other Dangerous Materials: The possession or use of firearms, firecrackers, explosives, toxic or dangerous chemicals, or other lethal weapons, equipment, or material while participating in mentoring activities is strictly prohibited.

Any violation of this policy will result in the immediate suspension and/or termination of the mentoring relationship. In addition, violations of this policy may result in notification being given to legal authorities that may result in arrest or legal action, and may be punishable by fine and/or imprisonment.

Tip for School-Based Programs:

Your school or district likely has a “zero tolerance” policy that your mentoring program could use or adapt as needed. Some of these zero tolerance behaviors may also be covered as part of an Unacceptable Behavior policy (see the following pages).

Generic Mentoring Program Policy and Procedure Manual

SECTION 2. PROGRAM POLICIES

NEW INSIGHTS SAMPLE POLICY

Unacceptable Behavior Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that unacceptable behaviors will not be tolerated on the part of mentors or mentees while participating in the program. This policy is in addition to behavioral requirements stipulated in other policies or procedures within this manual. This policy in no way is intended to replace or take precedence over other policies or procedures including, but not limited to, the following:

- Confidentiality Policy
- Transportation Policy
- Overnight Visits and Out-of-Town Travel Policy
- Mandatory Reporting of Child Abuse and Neglect Policy
- Use of Alcohol, Drugs, Tobacco, and Firearms Policy

A number of behaviors are regarded as incompatible with New Insights Mentoring Program goals, values, and program standards and therefore are considered unacceptable and prohibited while participants are engaged in mentoring activities:

- Unwelcome physical contact, such as inappropriate touching, patting, pinching, punching, and physical assault
- Unwelcome physical, verbal, visual, or behavioral mannerisms or conduct that denigrates, shows hostility, or aversion toward any individual
- Demeaning or exploitive behavior of either a sexual or nonsexual nature, including threats of such behavior
- Display of demeaning, suggestive, or pornographic material
- Known sexual abuse or neglect of a child
- Denigration, public or private, of any mentee parent/guardian or family member
- Denigration, public or private, of political or religious institutions or their leaders
- Intentional violation of any local, state, or federal law
- Drinking while driving under the influence of alcohol
- Possession of illegal substances

Any unacceptable behavior, as specified but not limited to the above, will result in a warning and/or disciplinary action including suspension or termination from participation in the mentoring program.

NEW INSIGHTS SAMPLE POLICY

Closure Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insight Mentoring Program that all mentors and mentees must participate in closure procedures when their match ends. Closure is defined as the ending of a formal match relationship regardless of the circumstances of the match ending or whether they intend to have future contact informally beyond the match duration. While no party is expected to continue the relationship beyond the formal end of a match, matches may continue in the program beyond the contract period (one year for New Insights matches) and receive ongoing support and supervision.

Closure can occur for any number of reasons including: the contracted match duration has ended, one or both participants do not want to continue the match, there are changes in life circumstances of either the mentor or mentee, or an individual no longer meets the requirements for program participation. Hence, the match may end at the discretion of the mentor, mentee, parent/guardian, and/or program coordinator. It is left to the discretion of the program coordinator whether an individual will be reassigned to another match in the future based upon past participation performance and current goals and needs of the program.

Future contact will be at the mutual and informal agreement of the mentor, the mentee, and the parent/guardian. If future contact is agreed upon, the New Insights Mentoring Program will not be responsible for monitoring and supporting the match after the match has ended. The coordinator will verbally and in writing inform all parties—the mentor, mentee, and parent/guardian—that the formal match has ended and that New Insights will not be liable for any incidents that occur after the match has closed.

Generic Mentoring Program Policy and Procedure Manual

SECTION 2. PROGRAM POLICIES

NEW INSIGHTS SAMPLE POLICY

Evaluation Policy

Board Approval Date: _____

Revision Date: _____

It is the policy of the New Insights Mentoring Program that evaluation will be a key component in measuring the success of its mentoring program and for making continuous improvements in the effectiveness and delivery of mentoring services.

Evaluation data will be collected every six months for mentees in the program, including the following general measures: youth self-esteem, academic performance, peer and parent relationships, moods, alcohol and substance use, and sexual activity.

New Insights program staff will be responsible for evaluation efforts, and will oversee the contract with Winwood Community College to implement actual evaluation activities.

Tip for School-Based Programs:

This policy might also include roles and responsibilities for securing and using student data that is maintained by the school, district, or state department of education. It might also refer to existing agreements with outside evaluation providers, including what information is to be shared with them and how that information is accessed

SECTION 3. PROGRAM PROCEDURES

Having solid procedures in place for all major program activities will enhance program effectiveness, longevity, and risk management. Procedures should be brief, yet detailed enough to provide consistent guidance and direction for all program staff. Your formal procedures should mirror your program policies while outlining the basic steps and sequence of each program activity. Procedures can also be supported by accompanying forms, checklists, and/or other structured tools that can help staff conduct program activities.

The procedures listed below represent widespread mentoring program practices. Most, if not all, will apply to your mentoring program, regardless of setting. Based on your program's structure, population served, and community affiliations, you may need to add or delete procedures accordingly. As with all the examples in this workbook, we recommend that you adjust and modify these procedures to meet the requirements of your specific mentoring program.

Note: Many of the procedures in this section mention paper "case files" that are kept about each volunteer, youth, and match. These procedures will need to be modified if you are using databases or other electronic record-keeping systems.

What to include in this section:

Recruitment Procedure

- Mentor Job Description
- Annual Recruitment Plan
- Annual Recruitment Plan Timeline
- Quarterly Recruitment Activity Plan

Inquiry Procedure

- Mentor Orientation Session Outline
- Mentee Orientation Session Outline
- Volunteer Inquiry Tracking

Mentor Screening Procedure

- Application Packet:
 - Mentor Application
 - Information Release
 - Personal References
 - Mentor Interest Survey
- Mentor Interview
- Personal Reference Interview
- Mentor Assessment Summary
- Mentor Acceptance Letter
- Mentor Rejection Letter
- Mentor Contact Sheet

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentee Screening Procedure

- Mentee Referral
- Parent/Guardian Referral Letter
- Application Packet:
 - Mentee Application
 - Contact and Information Release
 - Mentee Interest Survey
- Mentee Interview
- Mentee Assessment Summary
- Mentee Acceptance Letter
- Mentee Rejection Letter
- Mentee Contact Sheet

Training Procedure

- Mentor Training Curriculum Outline
- Mentee Training Curriculum Outline
- Training Evaluation
- Mentor Training Completion Worksheet
- Mentee Training Completion Worksheet

Matching Procedure

- Match Worksheet
- Mentor Contract
- Mentee Contract
- Parent/Guardian Contract

Match Support and Supervision Procedure

- Mentor Report Log
- Mentee Report Log
- Parent/Guardian Report Log

Mandatory Reporting of Child Abuse and Neglect Procedure

- Child Abuse and Neglect Report

Closure Procedure

- Match Closure Summary
- Mentor Exit Survey
- Mentee Exit Survey
- Parent/Guardian Exit Survey
- Closure Letter

Evaluation Procedure

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

NEW INSIGHTS SAMPLE POLICY

Recruitment Procedure

Board Approval Date: _____

Revision Date: _____

1. All new staff members receive training on the principles of volunteer recruitment and are required to understand the mentoring program's recruitment plan.
2. The program coordinator will take the lead in developing the Annual Recruitment Plan with input from mentoring program staff, the executive director, and advisory board. Planning should be finalized, including agency and board approvals, one month prior to the beginning of the new fiscal year.
3. The program coordinator will complete a detailed Quarterly Recruitment Activity Plan of specific tasks, roles and responsibilities, and a week-by-week timeline, incorporating other staff, the executive director, and advisory board members to implement specific recruitment activities. This activity plan must be reviewed and approved by the executive director and/or advisory board prior to implementation.
4. The program coordinator is responsible for ensuring implementation of the Annual Recruitment and Quarterly Activity Plans.
5. Efforts will be made to hold a recruitment plan review and planning meeting quarterly prior to development of the next quarter's plan to include the program coordinator, full advisory board, and executive director, as well as other program staff or others of concern.
6. The program coordinator will finalize and distribute the quarterly recruitment activity plan to the agency staff and the board.
7. The program coordinator will summarize the Volunteer Inquiry Tracking log and provide the results to the executive director on a quarterly basis along with the number of successful matches.
8. The executive director will provide the yearly budget for recruitment and marketing activities. The program coordinator is responsible for tracking and monitoring expenditures.

Based on tracking data and the overall effectiveness of the recruiting efforts, staff will revise the strategy as needed.

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentor Job Description

Updated January 31, 2003

The New Insights Mentoring Program of Winwood Heights helps to empower youth in our community to make positive life choices that enable them to maximize their potential. The mentoring program uses adult volunteers to commit to supporting, guiding, and being a friend to a young person for a period of at least one year. By becoming part of the social network of adults and community members who care about the youth, the mentor can help youth develop and reach positive academic, career, and personal goals.

Mentor Role

- Take the lead in supporting a young person through an ongoing, one-to-one relationship
- Serve as a positive role model and friend
- Build the relationship by planning and participating in activities together
- Strive for mutual respect
- Build self-esteem and motivation
- Help set goals and work toward accomplishing them

Time Commitment

- Make a one-year commitment
- Spend a minimum of eight hours per month one-to-one with a mentee
- Communicate with the mentee weekly
- Attend an initial two-hour training session and additional two-hour training sessions twice during each year of participation in the program
- Attend optional mentor/mentee group events, mentor support groups, and program recognition events

Participation Requirements

- Be at least 21 years old
- Reside in Winwood Heights metro area
- Be interested in working with young people
- Be willing to adhere to all program policies and procedures
- Be willing to complete the application and screening process
- Be dependable and consistent in meeting the time commitments
- Attend mentor training sessions as prescribed
- Be willing to communicate regularly with program staff, submit activity information, and take constructive feedback regarding mentoring activities
- Have access to an automobile, auto insurance, and a good driving record
- Have a clean criminal history
- No use of illicit drugs
- No use of alcohol or controlled substances in an inappropriate manner
- Not currently in treatment for substance abuse and have a non-addictive period of at least five years
- Not currently in treatment for a mental disorder or hospitalized for such in the past three years

Desirable Qualities

- Willing listener
- Encouraging and supportive
- Patient and flexible
- Tolerant and respectful of individual differences

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Benefits

- Personal fulfillment through contribution to the community and individuals
- Satisfaction in helping someone mature, progress, and achieve goals
- Training sessions and group activities
- Participation in a mentor support group
- Mileage and expenses are tax deductible
- Personal ongoing support, supervision to help the match succeed
- Mentee/mentor group activities, complimentary tickets to community events, participant recognition events

Application and Screening Process

- Written application
- Driving record check
- Criminal history check: state, child abuse and neglect registry, sexual offender registry
- Personal interview
- Provide three personal references
- Attend two-hour mentor training

For more information, contact the New Insights Mentoring Program at 773-MENTORS or gmeanwell@newinsights.org.

AN EQUAL OPPORTUNITY EMPLOYER
Minorities and Women Encouraged To Apply

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Annual Recruitment Plan

Final January 1, 2008

Recruitment Objective

Attract 25 new mentors matched with youth by December 31, 2008.

Target Audience

Men and women in Winwood Heights metro area with an emphasis on increasing the number of male and minority mentors.

Positioning Statement or Core Communication Message

To help a young person develop a positive vision for the future, be a mentor.

Promotional Materials

- New Insights Mentoring Program brochure (tri-fold)
- Informational flyers
- Newsletter
- Press releases
- Generic news article (for newsletters, papers, and local magazines)
- Program presentation with overheads, notes, and handouts
- Web site development

Promotional Activities

- Place brochure and flyer throughout the community (*continuous*)
- Display tables at local events (*as available*)
- Distribute newsletter (*quarterly*)
- Distribute press release and PSA to local media (*quarterly*)
- Make personal contact with key media and organization leaders (*2-3 per month*)
- Present to community organizations (*1-2 times per month*)
- Garner inquiries from Web site (online interest form) and e-mail (*continuous*)

Target Organizations

- *Local Colleges:* Winwood Community College
- *Local Businesses:* Winwood Community Hospital, TechRider Electronics
- *Professional Associations:* Winwood Chamber of Commerce, Black Business Alliance N/NE Business Assoc., African American Ministerial Alliance, Winwood Rotary
- *Churches/Faith-Based Groups:* Save Ministries, Winwood Baptist Church, Greater Winwood Christian Faith Tabernacle
- *Governmental Agencies:* Police and Fire Departments

NEW INSIGHTS SAMPLE POLICY

Inquiry Procedure

Board Approval Date: _____

Revision Date: _____

All persons inquiring to be program participants or making referrals regarding potential mentees must speak directly to mentoring program staff. If program staff members are unavailable, other agency staff should courteously take a message and inform inquirers they will be contacted within a day. Program staff must follow the inquiry procedure as outlined below:

1. All prospective mentor inquiries will be recorded on the Volunteer Inquiry Tracking form, including how the person heard about the program.
2. All mentor and mentee inquiries regarding participation in the program must be answered within two business days.
3. Program staff provides a verbal overview of the program to all phone and in-person inquiries, adjusting the message to whether they are potential mentors or mentees:
 - Overview of program and program purpose
 - Time and duration commitments
 - Overview screening requirements
 - Training requirements
 - Next step is to attend an orientation session
4. All prospective participants requesting to learn more and/or wanting to attend an orientation session will receive the following materials in person or by mail:
 - Program brochure
 - Mentor job description (mentors only)
 - Application packet (mentor- or mentee-specific)
 - The times and dates of upcoming orientation sessions (mentor- or mentee-specific)
5. The Mentoring Program Coordinator must then hold separate one-hour mentor *and* mentee orientation sessions at least once a month to provide more detailed information about the program. Orientation sessions are held primarily to create interest among prospective participants and allay any concerns they may have about the program.

After prospective participants attend the orientation session and submit an application, the program coordinator may then complete the screening procedure for those who are interested and willing to make the required commitment.

Mentor Orientation Session Outline

Session Title: Mentoring Is Powerful (and Fun)!

This session would include materials to help you plan and deliver an introductory orientation session for prospective mentors inquiring about the program. The objectives of this session are intended to:

- Generate enthusiasm among prospective mentors.
- Provide a basic understanding of the program and mentor roles and expectations
- Help mentors determine if they want to complete an application and continue through the screening process
- Explore simple and effective approaches to mentoring

An agenda for this one-hour informational session provides approximate times for each section and might include the following:

1. **Icebreaker: Introductions** (10 minutes)
Conduct short, interactive activity that allows mentors to introduce themselves to a partner, to a small group, and then to the entire group
2. **The Power of Mentoring** (15 minutes)
Have current mentor(s) speak and reflect on the benefits to themselves as mentors
3. **New Insights Mentoring Program** (15 minutes)
Overview of program including brief description of screening process/steps, training and time commitments
4. **Youth in the Program** (10 minutes)
Have current mentee(s) speak about the benefits to themselves from having a mentor in their lives
5. **Wrap-Up** (10 minutes)
Thank prospective mentors for coming and provide application packets and business cards for them to take

Mentee Orientation Session Outline

Session Title: Mentoring Is Powerful and Fun!

This session would include materials to help you plan and deliver an introductory training orientation session for prospective mentees and their parent/guardian who are interested in the program. The objectives of this session are intended to help prospective mentees and their parent/guardian:

- Develop a basic understanding of the program and mentee roles and expectations
- Determine if they want to complete an application and continue through the screening process
- Begin to explore the possible benefits of mentoring

An agenda for this one-hour informational session provides approximate times for each section and might include the following:

1. **Icebreaker: Introductions** (10 minutes)
Conduct fun interactive group activity that allows mentees and parents/guardians to interact and get more comfortable in the group
2. **Mentoring Is Powerful and Fun** (15 minutes)
Have current mentors speak and reflect on the types of things they do with their mentees and why they are interested in working with youth
3. **New Insights Mentoring Program** (15 minutes)
Overview of program including intake, approval and matching processes, training, time commitment, types of activities, and other benefits of participation
4. **Youth in the Program** (10 minutes)
Have current mentees speak about what they have gotten from the program and what it is like to have a mentor
5. **Wrap-Up** (10 minutes)
Thank prospective mentees and their parents/guardians for coming and provide application packets and business cards for them to take

NEW INSIGHTS SAMPLE POLICY

Mentor Screening Procedure

Board Approval Date: _____

Revision Date: _____

In accordance with the New Insights Mentoring Program eligibility and screening policies, mentoring program staff should complete the steps below to determine if a candidate qualifies to become a mentor.

1. The applicants must return all completed materials in the application packet given to them during the inquiry process including the Written Application, Information Release, Personal References, and Mentor Interest Survey. Proof of a valid driver's license and auto insurance must also be provided at this time.
2. A mentor file should be created for all prospective mentors who return a completed application. A Mentor Contact Sheet should be kept on top of one side of each file. The file should also contain the Mentor Assessment Summary followed by all other application materials and interview notes. As each component of the screening process is completed, update the checklist on the Mentor Assessment Summary.
3. Mentoring program staff members should:
 - Make an appointment and conduct an in-person interview with the prospective mentor
 - Conduct phone interviews with three personal references
 - Process the driving record, criminal history, child abuse registry, *and* sexual offender registry checks
4. Based on all information gathered above, complete the volunteer assessment and make a determination as to the appropriateness of the participant's involvement in the program.
5. Send out an acceptance or rejection letter to the applicant based on the overall assessment of appropriateness.
6. If applicant is rejected, the applicant's file should be placed into the file area of ineligible applicants.
7. If the applicant is accepted, the mentor must complete the initial two-hour training session prior to being matched with a mentee.

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SECTION 3. PROGRAM PROCEDURES

Mentor Application

Personal Information

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Social Sec. #: _____

Date of Birth ___/___/___ Gender: Male Female

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Employment History

Please provide employment information for the past five years, with most recent position held first. If more space is needed use an extra sheet of paper.

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

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Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Employer: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Title: _____

Phone: _____

Dates of Employment: _____ to _____ (m/year)

Position Held: _____

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you want to become a mentor?
2. Do you have any previous experience volunteering or working with youth? If so, please specify.
3. What qualities, skills, or other attributes do you feel you have that would benefit a youth? Please explain.
4. Can you commit to participate in the New Insights mentoring program for a minimum of one year from the time you are matched with a youth?
5. Are you available to meet with a child eight hours per month and have contact at least once per week? Please explain any particular scheduling issues.
6. Describe your general health. Are you currently under a physician's care or taking any medications? If so, please explain.

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7. How would you describe yourself as a person?
8. How would your friends, family, and co-workers describe you?
9. Have you ever been arrested or convicted of a crime? If so, what were the circumstances?
10. Have you ever used illegal drugs? If so, what substances were used and how often?
11. Are you currently using any illegal drugs or controlled substances?
12. Do you drink alcoholic beverages? If so, what and how often?
13. Have you ever been convicted of a DUI, driving while under the influence of alcohol? If yes, when and what were the circumstances?
14. Do you use tobacco products? If so, what and how often?
15. Have you ever received treatment for alcohol or substance abuse? If yes, please explain.
16. Have you ever been treated or hospitalized for a mental disorder? If yes, please explain.
17. Have you ever been investigated or convicted of child abuse or neglect? If yes, please explain.
18. Have you ever been investigated or convicted of sexually abusing or molesting a youth 18 or younger? If yes, please explain.
19. Are you willing to communicate regularly and openly with program staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?
20. Are you willing to attend an initial mentor training session and two inservice training sessions per year after being matched?

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Please read this carefully before signing:

New Insights Mentoring Program appreciates your interest in becoming a mentor.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I understand that New Insights Mentoring Program is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

_____ (optional) I agree to allow New Insights Mentoring Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Copy of your valid driver's license and proof of auto insurance
- Information Release Form
- Personal References Form
- Interest Survey Form
- DMV Release Form (state agency form)
- Criminal History Release Form (state agency form)
- Child Abuse and Neglect Release Form (state agency form)
- Sexual Offender Release Form (state agency form)

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Signature

Date

Please return or mail this application and the items listed above to Mentoring Program Coordinator, New Insights, P.O. Box 5575, Winwood Heights, IL 89633.

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Information Release

I, _____, understand it will be necessary for New Insights Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize New Insights to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for New Insights to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature

Date

Full Name _____

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

City State From (m/year)
To (m/year)

City State From (m/year)
To (m/year)

City State From (m/year)
To (m/year)

City State From (m/year)
To (m/year)

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SECTION 3. PROGRAM PROCEDURES

Personal References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information New Insights Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Relative's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Relationship: _____ How long known: _____

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Mentor Interest Survey

Name: _____ Date: _____

Please complete all the following. This survey will help New Insights Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentee? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___ Weekends: ___
Other: ___

Please indicate age group(s) you are interested in working with:

Age: ___ 11-14 ___ 15-18 ___ 19-21 Ethnicity: _____

Do you speak any languages other than English? If so, which languages?

Would you be willing to work with a child who has disabilities? If so, please specify disabilities you would be willing to work with. _____

What are some favorite things you like to do with other people?

What are your favorite subjects to read about?

What is your job and how did you choose this field?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday.

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Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of strong interest:

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Mentor Interview

Applicant Name: _____

Date: _____

Interviewed by: _____

I need to ask a number of questions about you that will help me in matching you with a mentee. Some of the questions are personal and this interview is confidential. However, I am required to report anything that indicates you have done or may do harm to yourself or others. Some information, like personal qualities and what you would like to do with a mentee or things you are interested in may be shared with a prospective mentee and/or their parents. Do you understand?

1. Why do you want to become a mentor?
2. Why do you think you can help a youth by mentoring? (if not answered in question #1)
3. What do you think are your strengths?
4. How about your weaknesses?
5. What type of child would you like to be matched with?
6. Will you be able to fulfill the commitments of the program – eight hours per month with weekly contact for one year?
7. What was your own childhood like?
8. Have you ever abused or molested a youth?
9. Have you ever been arrested? If so, when and for what?
10. Do you currently use any alcohol, drugs, or tobacco?
11. Have you ever undergone treatment for alcohol or substance abuse?
12. Have you ever been treated or hospitalized for a mental condition?
13. Do you have any experience working with children? If so, how will it help you in working with your mentee?
14. What challenges do you think young people face today that they need help with the most?
15. Mentoring a young person is a big responsibility and can change the lives of both the mentor and the mentee. What do you hope to gain from the experience and what do you hope the mentee gains from the relationship?

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16. What are some of the biggest problems in the world or in your community that concern you?
17. What types of activities would you do with a mentee?
18. Who else in your household might be present at any given time when you are with your mentee?
19. What hobbies or interests do you have?
20. At this point, clarify any questions of concern that arose from the written application.
21. Do you have any questions about the program I can answer for you?

Interviewer Comments:

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Personal Reference Interview

Applicant name: _____ Date: _____

Interviewed by: _____

Personal Reference Name: _____

Personal Reference Phone Number: _____

Your name has been given to us as a reference for _____ (mentor), who has applied to be a mentor in our program. I would like to ask you some questions about him/her, which will be held in absolute confidence; it will not be shared or accessible to him/her. Would you be willing and is this a good time for you to answer a number of questions?

1. How long, and in what capacity, have you known the applicant?
2. How does the applicant relate to people in general?
3. How would you describe the applicant?
4. Do you feel that the applicant would be a good mentor and role model to a child?
5. Do you think that the applicant relates well to children and young people?
6. Does the applicant usually keep his/her commitments?
7. Is he/she on time for appointments and events?
8. To your knowledge, has the applicant ever been convicted of a crime?
9. Do you know of any problems or issues that would affect the applicant's ability to work with a child?
10. Would you feel comfortable allowing the applicant to spend time alone with your child?
11. Do you have any additional comments about the applicant?

Interviewer Comments:

Generic Mentoring Program Policy and Procedure Manual

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Mentor Assessment Summary

Name: _____ Date: _____

Screening Materials	Date Sent to Applicant	Date Rec'd From Applicant	Date Sent to Agency	Date Item Completed
Written Application				
Copy of Driver's License				
Proof of Auto Insurance				
Information Release				
Personal References				
Interest Survey				
DMV Release Form				
Criminal History Release Form				
Child Abuse & Neglect Release Form				
Sexual Offender Release Form				
Volunteer Interview				
Personal Reference Interview				
Personal Reference Interview				
Personal Reference Interview				
Acceptance/Rejection Letter				

Eligibility Criteria

Does the applicant meet each of the eligibility criteria? Please check the appropriate box.

Yes	No	Eligibility Criteria
		21 years of age or older
		Resides in Winwood Heights metro area
		Willing to adhere to program policies and procedures
		Agrees to a one-year commitment
		Commits to eight hours per month
		Agrees to weekly contact with mentee
		Completed screening procedure
		Agrees to attend required training sessions
		Willing to communicate regularly with program coordinator and submit monthly meeting and activity information
		Has reliable transportation
		Has current driver's license, insurance, and driving record
		Has clean criminal history
		Has never been accused, arrested, charged, or convicted of child sexual abuse

Yes	No	Eligibility Criteria (cont.)
		Has not been convicted of a felony in past seven years

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		Does not use illicit drugs
		Does not use alcohol or controlled substances inappropriately
		Is not in treatment for substance abuse. Has had a non-addictive period for at least the past five years
		Has not been hospitalized for a mental disorder in past three years
		Has not falsified information during screening process

Does the mentor applicant meet all eligibility criteria? Yes _____ No _____

If no, are there any mitigating circumstances?

General Assessment Areas

Did the applicant relate appropriately to the program staff during the following steps:

- Initial contact and inquiry
- Orientation
- Interview

Did the applicant complete the screening process with ease and appropriateness?

Are his/her reasons for wanting to be a mentor appropriate?

Is the applicant's personal and professional life appropriate and stable?

Does the applicant exhibit qualities of open-mindedness, flexibility, and emotional stability?

Does the applicant have experience working with youth?

Did the applicant's references speak well of him/her?

Does the individual have appropriate age-related interests and ability?

Overall comments:

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Recommendation:

Recommendation To Approve: Yes: _____ No: _____

Reasons Why:

Approval:

Approved: Yes: _____ No: _____

By: _____

By: _____

By: _____

Date: _____

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Mentor Acceptance Letter

January 27, 2003

Mr. Jim Biggs
4321 North Webster St.
Winwood Heights, IL 97217

Dear Mr. Biggs,

Congratulations!

On behalf of the New Insight Mentoring Program, we are happy to inform you of your acceptance as a mentor. Without the enthusiasm of volunteers like you, we would not be able to accomplish our mission.

We thank you for taking the time and effort to join our program and we look forward to continuing to support you and assist you as a mentor. At this time, we are working on finding you a suitable match and will contact you when we have found you a mentee.

Sincerely,

Gina Meanwell
Program Coordinator
New Insights Mentoring Program

NEW INSIGHTS MENTORING PROGRAM

Creating Vision Through Mentoring

Mentor Rejection Letter

January 7, 2003

Mr. Jim Biggs
4321 North Webster St.
Winwood Heights, IL 97217

Dear Mr. Biggs,

On behalf of the New Insight Mentoring Program, I wanted to express my sincere thanks for your interest in our program. I understand that you have given a considerable amount of time to this process and we greatly appreciate your effort. Unfortunately, we are unable to accept your application to be a mentor for our program.

Thank you again for your time and interest in our program.

Sincerely,

Gina Meanwell
Program Coordinator
New Insights Mentoring Program

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NEW INSIGHTS SAMPLE POLICY

Mentee Screening Procedure

Board Approval Date: _____

Revision Date: _____

In accordance with the New Insights Mentoring Program eligibility and screening policies, program staff should complete the steps below to determine if a candidate qualifies to become a mentee.

1. Upon receiving a referral for any youth, program staff must begin the process by mailing a Parent/Guardian Referral Letter, dates and times of upcoming mentee orientation sessions, and an application packet. It is advised that the staff do a follow-up call to the parent/guardian within 72 hours of mailing the letter.
2. The applicant must return all completed materials in the application packet given to them during the inquiry process, including the Written Application, Contact and Information Release, and Mentee Interest Survey.
3. A mentee file should be created for all prospective mentees who return a completed application. A Mentee Contact Sheet should be kept on top of one side of each file. The file should also contain the Mentee Assessment Summary followed by all other application materials and interview notes. As each component of the screening process is completed, update the checklist on the Mentee Assessment Summary.
4. Mentoring program staff must then make an appointment and conduct an in-person interview with the prospective mentee.
5. Based on all information gathered above, complete the Mentee Assessment Summary and make a final determination as to the appropriateness of the participant's involvement in the program.
6. Send out an acceptance or rejection letter to the mentee or parent/guardian based on the overall assessment of appropriateness.
7. If applicant is rejected, the applicant's file should be placed into the file area of ineligible applicants.
8. If the applicant is accepted, the mentee must complete the initial two-hour training prior to being matched with a mentor.

Tip for School-Based Programs:

Depending on who refers youth to your program (and their reasons for doing so) you may wish to modify the information gathered on these forms to more accurately reflect the reasons youth have been referred and what they referrer hopes the program can address. For example, if teachers or counselors do the referring, they likely have considerable insight into exactly what issues the program can address for the child (such as, specific academic or relationship issues).

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Mentee Referral Form

Youth name: _____

Age: _____ Grade: _____

School: _____

Requested by: _____

Position: _____ Phone Number: _____

The child is being referred for assistance in the following areas (check all that apply):

<input type="checkbox"/>	Academic Issues	<input type="checkbox"/>	Behavioral Issues	<input type="checkbox"/>	Delinquency	<input type="checkbox"/>	Vocational Training
<input type="checkbox"/>	Self-Esteem	<input type="checkbox"/>	Study Habits	<input type="checkbox"/>	Social Skills	<input type="checkbox"/>	Peer Relationships
<input type="checkbox"/>	Family Issues	<input type="checkbox"/>	Special Needs	<input type="checkbox"/>	Attitude	<input type="checkbox"/>	Other, specify:

Why do you feel this youth might benefit from a mentor?

What particular interests, either in school or out, do you know of that the child has?

What strategies/learning models might be effective for a mentor working with this youth?

On a scale of 1-10 (10 being highest) rate the student's level of:

_____ Academic performance

_____ Social skills

_____ Self-esteem

_____ Family support

_____ Communication skills

_____ Attitude about school/education

_____ Peer relations

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With what specific academic subjects, if any, does the student need assistance?

Additional comments:

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Parent/Guardian Referral Letter

January 29, 2003

To the parents of: _____

Your son/daughter has been referred to participate in the New Insights Mentoring Program that matches a community volunteer with a youth to serve as a one-to-one mentor. The mentor role is that of a friend, coach, and guide. A mentor would meet with your son/ daughter once a week for a year and take personal interest in the growth and development of your son/daughter.

We hope that you will grant permission for your son/daughter to participate in the program. New Insights will offer support and guidance for both the youth and mentors and will do our best to ensure the success of the relationship.

Please read and fill out the Program Brochure, Written Application, Contact and Information Release, and Mentee Interest Survey. We encourage you to have the youth help complete the application materials. If you have any questions, please feel free to contact me.

I look forward to hearing from you.

Sincerely,

Gina Meanwell
Program Coordinator
New Insights Mentoring Program
(503) 222-4131

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Mentee Application

(To Be Completed by the Parent/Guardian)

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other, specify: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____

Youth Social Sec. #: _____

Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all members of your household:

Name	Sex	Age	Relationship to Applicant

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in a mentoring program?
2. Briefly describe your expectations for the New Insights Mentoring Program:
3. Is your child available to meet with a mentor eight hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

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4. Is your child willing to attend an initial mentee training session and two training sessions per year after being matched?
5. Describe your child's school performance including grades, homework, attendance, behaviors, etc.:
6. Does your child have friends? Please describe his/her friendships.
7. Is your child currently having any problems either at home or school?
8. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)? If yes, please provide details.
9. Can you provide any additional background information that may be helpful to New Insights in matching your son/daughter with an appropriate mentor?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations?

Is your son/daughter currently receiving treatment for any medical issues?

Is he/she currently on any type of medication? If so, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? If yes, please describe them below:

Does your son/daughter have any emotional issues or problems right now?

Is your son or daughter currently seeing a counselor or therapist?

Therapist's Name: _____

Please read this carefully before signing

New Insights Mentoring Program appreciates you and your child's interest in his/her becoming a mentee. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the New Insights Mentoring Program.

After receiving this completed application from you, we will evaluate the information and send you a letter letting you know if your child has been accepted into the mentoring program. Much of the information you supply in this application packet will be used to match your child with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other

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parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee, parent/guardian, and mentor based first upon anonymous information provided about each other.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in the New Insights Mentoring Program and its related activities.

_____ I agree to have my child follow all mentoring program guidelines and understand that any violation on my child's part may result in suspension and/or termination of the mentoring relationship.

_____ I hereby acknowledge that my child will be transported by his/her mentor and/or New Insights staff or representatives while participating in the New Insights Mentoring Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the New Insights Mentoring Program of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any New Insights mentor, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow New Insights to use any photographic image of my child taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature
Date

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Please return or mail this application and the items listed above to Mentoring Program Coordinator, New Insights, P.O. Box 5575, Winwood Heights, IL 89633.

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Contact and Information Release

(To Be Completed by the Parent/Guardian)

Youth's Name: _____ Date: _____

School: _____

I hereby grant permission for New Insights Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. New Insights may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize New Insights to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent/Guardian Signature _____ Date

Parent/Guardian Name:

Address _____ City _____ State _____ Zip _____

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Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help New Insights Mentoring Program know more about you and your interests and help us find a good match for you.

What are the most convenient times for you to meet with your mentor? Please check all that apply.

Weekdays: ___ Lunchtime: ___ After school: ___ Evenings: ___

Weekends: ___

Other: ___

Do you speak any languages other than English? If so, which languages?

What are some favorite things you like to do with other people?

What are your favorite subjects in school?

If you could learn about a job/career, what would it be?

What are your favorite subjects to read about?

What is one goal you have set for the future?

If you could learn something new, what would it be?

What person do you most admire and why?

Describe your ideal Saturday:

Please check all activities you are interested in:

<input type="checkbox"/>	Biking	<input type="checkbox"/>	Camping	<input type="checkbox"/>	Science	<input type="checkbox"/>	Cooking	<input type="checkbox"/>	Library
<input type="checkbox"/>	Hiking	<input type="checkbox"/>	Boating	<input type="checkbox"/>	Music	<input type="checkbox"/>	Sports	<input type="checkbox"/>	Yoga
<input type="checkbox"/>	Golf	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Parks	<input type="checkbox"/>	Movies
<input type="checkbox"/>	Fishing	<input type="checkbox"/>	Animals/ Pets	<input type="checkbox"/>	Painting/ Photos	<input type="checkbox"/>	Board Games	<input type="checkbox"/>	Shopping

List any other areas of special interest:

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Mentee Interview

Applicant Name: _____

Date: _____

Interviewed by: _____

I need to ask a number of questions about you that will help me in matching you with a mentor. Some of the questions are personal and I want you to know that what you tell me will be confidential, meaning I won't tell your parents unless you give me permission. However, I am required to report anything that indicates you have done or may do harm to yourself or others. And some information, such as what you would like to do with a mentor or things you are interested in may be shared with a prospective mentor. Do you understand?

1. Why do you think you'd like to have a mentor?
2. What type of person would you like to be matched with?
3. Will you be able to fulfill the commitments of the program – eight hours per month with weekly contact for one year?
4. Are you willing to attend an initial mentee training session and two training sessions per year after being matched?
5. One of the program requirements is to communicate with program staff once a month about your relationship with your mentor. Are you okay doing that?
6. What types of activities would you do with a mentor?
7. What hobbies or interests do you have?
8. How would you describe yourself?
9. How do you think friends and family members would describe you?
10. How do you like school?
11. How well do you do in school?
12. Tell me about your friends.
13. Have you ever been arrested? If so, when and for what?

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14. Do you currently use any alcohol, drugs, or tobacco?

15. Do you have any questions about the program I can answer for you?

Interviewer Comments:

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Mentee Assessment Summary

Name: _____ Date: _____

Screening Materials	Date Sent to Applicant	Date Item Completed
School/Agency Referral (if applicable)		
Parent Referral Letter (if applicable)		
Written Application		
Contact and Information Release		
Mentee Interest Survey		
Mentee Interview		
Acceptance/Rejection Letter		

Eligibility Criteria:

Yes	No	Eligibility Criteria
		11-18 years of age
		Resides in Winwood Heights metro area
		Willing to adhere to program policies and procedures
		Able to obtain parent/guardian permission and ongoing support for participation in the program
		Agrees to a one-year commitment
		Commits to eight hours per month
		Agrees to weekly contact with mentor
		Agrees to attend required training sessions
		Completed screening procedure
		Will communicate regularly with program coordinator and discuss monthly meeting and activity information

Does the mentee applicant meet all eligibility criteria? Yes _____ No _____

If no, please explain any mitigating circumstances.

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General Assessment Areas:

Assessment Area	Good	Okay	Needs Help	Poor	Comments
Motivation for being in program					
Academic performance					
General health					
Hygiene habits					
Self-esteem					
Social skills					
Parental support					

Overall comments:

Recommendation:

Recommendation To Approve: Yes: _____ No: _____

Reasons Why:

Approval:

Approved: Yes: _____ No: _____

By: _____

By: _____

Date: _____

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Mentee Acceptance Letter

January 29, 2003

Ms. Georgia Pleasant
2343 NE Flanders
Winwood Heights, IL 97214

Re: Jeff Pleasant

Dear Ms. Pleasant,

We are excited to inform you of your son's acceptance into the New Insights Mentoring Program. Our program coordinator will contact you shortly after an appropriate match has been found for Jeff. We appreciate your assistance in this process and look forward to communicating with you in the future.

We encourage your participation in New Insights activities; please feel free to contact the program coordinator with any questions or concerns.

Sincerely,

Gina Meanwell
Program Coordinator
New Insights Mentoring Program
(503) 222-4131

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Mentee Rejection Letter

January 27, 2003

Celeste Waters
4321 North Webster St.
Winwood Heights, IL 97217

Re: Jill Waters

Dear Ms. Waters,

On behalf of the New Insight Mentoring Program, I wanted to express my sincere thanks for your interest in our program. I understand that you have given a considerable amount of time to this process and we greatly appreciate your effort. Unfortunately, we are unable to accept your daughter's application to be a mentee in our program.

I would be happy to discuss our decision with you. Please feel free to call me with any questions.

Thanks again and we wish you and your child much success.

Sincerely,

Gina Meanwell
Program Coordinator
New Insights Mentoring Program

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NEW INSIGHTS SAMPLE POLICY

Training Procedure

Board Approval Date: _____

Revision Date: _____

General Training Procedures

1. Each mentor and mentee must attend a two-hour training session prior to being matched as well as at least two inservice training sessions per year of involvement in the New Insights Mentoring Program, the latter being offered to each group at least quarterly.
2. The program coordinator has the lead role in managing training session logistics, developing curriculums and training materials, facilitating the session, and processing the training evaluation forms. Sessions should be conducted by program staff along with outside experts, and mentors and mentees currently in the program.
3. Training evaluations forms will be distributed and collected following all training sessions.
4. A training manual and supporting materials will be developed and maintained separately from the policy and procedure manual by the program coordinator. Training materials will be reviewed and updated based upon program and training evaluation feedback at least semi-annually.

Initial Training Session

1. After potential mentors and mentees have completed the screening process and been accepted to participate in the program, the coordinator will notify them of the next training times and schedule them to attend a training session. Two days prior to the training, the coordinator will call to remind participants about the training.
2. Basic mentor and mentee training sessions will be held once a month alternating between the first Saturday of the month from 10 a.m. to 12 p.m. and the first Thursday of the month from 7 to 9 p.m.
3. Participants must complete the Training Completion Forms, which will be added to the right side of their case files.
4. Content for the initial training sessions must include basic program guidelines, safety issues, and communication/relationship building skills. Sexual abuse prevention training, in particular, is mandatory for both mentors and mentees.
5. A training completion certificate will be given to each participant at the end of their initial training session.

Inservice Training Sessions

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1. Once matched, each mentor and mentee must attend at least two inservice training sessions during the course of the year. Attendance at each session will be noted and dated on their file log sheet.
2. Mentor and mentee inservice training sessions will be offered quarterly, alternating between a Saturday from 10 a.m. to 12 p.m. and a Thursday from 7 to 9 p.m.
3. Content for the inservice sessions will be determined based on feedback provided by mentors and mentees during the support meetings or based on feedback and suggestions from mentors and mentees. Topics may include themes such as communication strategies, understanding youth risk behaviors, goal setting, educational topics, and community referral services.

Training Attendance Failure

1. If a mentor or mentee schedules their attendance and fails to attend an Initial Training session *twice* without prior notification and good reason as deemed by the program coordinator, he/she will not be accepted into the New Insights Mentoring Program.
2. If the mentor or mentee fails to attend the required number of inservice training sessions per year, the mentor or mentee will not be eligible to be matched again at the end of their existing mentoring relationship.
3. Failure to complete training sessions coupled with identified match problems may result in the match being terminated and may result in exclusion from future involvement in the New Insights Mentoring Program.

Mentor Training Outline

Session Title: Making Mentoring Work!

This training workshop should include materials to help you plan and deliver an introductory training workshop for new mentors. The objectives of this training are intended to help new mentors:

- Develop a deeper understanding of mentor roles and expectations
- Learn strategies for effectively mentoring a youth
- Understand clearly the program guidelines and policies that they must operate within as mentors

An agenda for a two-hour training workshop, and approximate times for each activity, might include the following:

1. **Icebreaker: Introductions** (15 minutes)
2. **Roles of a Mentor** (20 minutes)
 - Activity Ideas
3. **Trust and Relationship Building** (25 minutes)

BREAK (15 minutes)

4. **Safety Issues** (25 minutes)
 - Abuse Prevention
 - Mandatory Reporting
 - Sexual Harassment
 - Transportation Rules
 - Alcohol and Tobacco Use
5. **Other Important Program Guidelines** (20 minutes)
 - Parent Roles and Inclusion
 - Gifts and Money
 - Expected and Unacceptable Behaviors
 - Match Closure
6. **Wrap-Up – What's Next?** (15 minutes)
 - Matching Process

Questions

Mentee Training Outline

Session Title: Mentoring Works!

This training workshop should include materials to help you plan and deliver an introductory training workshop for new mentees. The objectives of this training are intended to help new mentees:

- Develop a deeper understanding of their role as a mentee
- Know what to expect from a mentor and how working with a mentor can help them succeed in life
- Understand clearly the program guidelines and policies that they must operate within as mentees

An agenda for a two-hour training workshop, and approximate times for each activity, might include the following:

1. **Icebreaker: Introductions** (20 minutes)
2. **What is a mentor?** (20 minutes)
 - Activity Ideas
3. **Talking and Relating to Your Mentor** (25 minutes)
- BREAK** (15 minutes)
4. **Safety Issues** (25 minutes)
 - Abuse Prevention
 - Mandatory Reporting
 - Sexual Harassment
 - Alcohol and Tobacco Use
5. **Other Important Program Guidelines** (20 minutes)
 - Parent Inclusion and Permission
 - Gifts and Money
 - Expected and Unacceptable Behaviors
 - Match Closure
6. **Wrap-Up – What's Next?** (15 minutes)
 - Matching Process
 - Questions

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Training Evaluation

Name (optional): _____ Date: _____

1. What did you find to be *most* useful in this workshop?
2. What did you find to be *least* useful?
3. Was there anything you felt was missing from this session that you would have liked to learn more about?
4. In what other ways could we improve this session?

5. Please rate the following:

	Poor		Average		Excellent	
Effectiveness of trainer	1	2	3	4	5	
Training room	1	2	3	4	5	
Training content	1	2	3	4	5	
Training activities	1	2	3	4	5	
Training materials	1	2	3	4	5	
Overall rating	1	2	3	4	5	

6. List other topics or concerns you would like to have addressed in future training sessions.
7. Other comments:

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentor Training Completion Worksheet

Congratulations on completing your training and we look forward to working with you as a New Insights mentor!

List three things you learned during this session that will help you when you begin your new role as a mentor. They can be skills, attitudes, or anything else. Then explain *how* you plan to use these in working with your mentee.

1.

2.

3.

This certifies that I have completed my initial training and that I fully understand and agree to follow the guidelines and requirements of being a mentor in the New Insights Mentoring Program

Mentor Signature

Date

Print Name

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentee Training Completion Worksheet

Congratulations on completing your training and we look forward to working with you as a New Insights mentee!

List three things you learned during this session that will help you when you begin your new role as a mentee. They can be skills, attitudes, or anything else. Then explain *how* you plan to use these in working with your mentor.

1.

2.

3.

This certifies that I have completed my initial training and that I fully understand and agree to follow the guidelines and requirements of being a mentee in the New Insights Mentoring Program.

Mentor Signature

Date

Print Name

NEW INSIGHTS SAMPLE POLICY

Matching Procedure

Board Approval Date: _____

Revision Date: _____

1. To begin the match process, the program coordinator reviews the application, interview notes, and interest survey information of both the mentee and mentor to determine match suitability between a mentor and mentee. The greatest weight will be placed on the mentee preferences and needs. A match selection will be made using the match suitability criteria as a guide:
 - Preferences of the mentor, mentee, and/or parent/guardian
 - Similar gender/ethnicity
 - Common interests
 - Compatibility of meeting times
 - Geographical proximity
 - Similar personalities
2. Once a potential match is identified, and prior to contacting any of the prospective participants, the program coordinator must review the files of the potential mentor and mentee to ensure all screening procedures have been completed and both have met all the eligibility criteria. As this is determined, the program coordinator fills out the Match Worksheet. A copy of the Match Worksheet will be placed in both the mentor and mentee files once a match is made.
3. The program coordinator then first contacts the prospective mentor and without using last names, describes and provides information about the mentee to determine if there is interest by the mentor.
4. Given initial interest by the mentor, the program coordinator then provides the mentee's parent/guardian with a description and information about the prospective mentor.
5. If both the mentor and the parent/guardian agree, the coordinator will then contact the mentee and describe the prospective mentor to them. The mentee is informed last so as to minimize disappointment if either the mentor and/or parent/guardian does not approve of the suggested match in some way.
6. Once both parties tentatively agree to the match, a time is scheduled for an introductory meeting. The program coordinator facilitates this introductory meeting of the mentor, mentee, and parent/guardian. The program coordinator should conduct the meeting by:

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Facilitating introductions

- Having the mentor take the lead in talking about his/her interests, hobbies, and why he/she wants to be a mentor, followed by the mentee doing the same
- Asking each party if they are interested in moving forward with the match

7. If anyone is uncertain, the parties may be given time to consider the match further.
8. If all agree to move forward with the match, match contracts must be completed and signed by all parties. Copies of all are given to each party.
9. The first mentor and mentee match meeting date and time should be confirmed. Telephone numbers and addresses can be exchanged at this time.
10. The parent/guardian must provide a copy of the youth's health insurance card or health insurance provider information to the mentor at this time.
11. Once the match is made, program staff will add the mentor/mentee name to the log sheet of the mentee/mentor files and schedule the first follow-up call to each person within the first week following their first meeting date.

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Match Worksheet

(To be completed by the program coordinator)

Prospective Match Participants

Mentor: _____

Mentee: _____

Parent/Guardian: _____

Match Criteria

Why you feel the match would be compatible and successful, considering the following match criteria:

- Preferences of the mentor, mentee, and/or parent/guardian
- Similar gender/ethnicity
- Common interests
- Compatibility of meeting times
- Geographical proximity
- Similar personalities

Other reasons for compatibility:

Any areas of concern:

Comments:

Note: Place copy in both mentor and mentee files.

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentor Contract

Name: _____

Date:

By choosing to participate in the New Insights Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentor training, program policies, and this contract
- Be flexible and provide the necessary support and advice to help my mentee succeed
- Make a one-year commitment to being matched with my mentee
- Meet at least eight hours per month with my mentee
- Make at least weekly contact with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except as may cause him or others harm
- Always obey traffic laws when in the presence of my mentee and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address, phone number, or employment status
- Attend inservice mentor training sessions twice per year

_____ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the New Insights Mentoring Program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentee Contract

Name: _____

Date:

By choosing to participate in the New Insights Mentoring Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Have a positive attitude and be respectful of my mentor
- Make a one-year commitment to being matched with my mentor
- Meet at least eight hours per month with my mentor
- Make at least weekly contact with my mentor
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Attend mentee training sessions twice per year

_____ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the New Insights Mentoring Program and can happen only by the mutual consensus of the mentor, the mentee, and my parent/guardian.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)

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SECTION 3. PROGRAM PROCEDURES

Parent/Guardian Contract

Name: _____

Date:

By allowing my son/daughter to participate in the New Insights Mentoring Program, I agree to:

- Allow my child to participate in the New Insights Mentoring Program and to be matched with a New Insights mentor
- Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Support my child in this match by allowing him to meet with his mentor at least eight hours per month and have weekly contact with him/her for one year
- Support my child being on time for scheduled meetings or have him/her call the mentor at least 24 hours beforehand if unable to make a meeting
- Regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Provide the program coordinator and the mentor with any updated health insurance information for my child

_____ (please initial) I understand that upon match closure, future contact between my child and his/her mentor is beyond the scope of the New Insights mentoring program, and can happen only by the mutual consensus of the mentor, the mentee, and myself.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)

NEW INSIGHTS SAMPLE PROCEDURE

Match Support and Supervision Procedure

Board Approval Date: _____

Revision Date: _____

Supervision

1. Once matched, the program coordinator or another program staff person will be assigned to support and monitor all parties to a given match including the mentor, mentee, and parent/guardian.
2. The assigned staff person will add report logs to the right side of the respective case files:
 - Mentor Report Log (mentor's file)
 - Mentee Report Log (mentee's file)
 - Parent/Guardian Report Log (mentee file)
3. Within one week of the first activity date of a new match, the assigned staff person will make phone/personal contact with all parties to determine how the first meeting went. At that time, they will make their first entries in the Report Logs in each file.
4. After this initial contact, the assigned staff member will then follow up monthly by phone with each party to gather information regarding meeting dates, times, activities, and how the match is proceeding. Three attempts to contact each party will be made in a given month before a written letter or note will be mailed requesting they call the program coordinator.
5. With each contact, information will be recorded on two forms in the case files:
 - Mentor or Mentee Contact Sheets: An entry will be made on the respective Mentor/Mentee Contact Sheet that supervision contact was made, noting if a Report Log was filled out, a message was left, or there was no answer. The respective Mentor/Mentee Contact Sheet should be completed each time a mentor, mentee, or parent/guardian makes contact even if outside monthly supervision times. (See mentor and mentee screening procedures for respective Contact Sheet forms.)
 - Report Log: Detailed information regarding the dates, times, activities, and progress of the match will be recorded on the respective Report Logs.
6. In order to assess how the match is proceeding, program staff may inquire about the following and/or probe beyond to uncover core issues:
 - Are they enjoying participating in the match?
 - How do they feel it is going?
 - Are they having any difficulties?
 - Is the relationship developing as they would like?
 - If not, why do they think it isn't?

 - Are there any concerns or issues that should be addressed by program staff?
 - Do they need more support or any intervention?

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

7. In accordance with the training policy and procedures, the assigned program staff member should remind the mentor, mentee, and parent/guardian of the semi-annual inservice training requirement (for mentors and mentees) every few months and attempt to schedule these.

Problem Resolution

1. If the coordinator assesses that there is a potential problem with the match, the coordinator will attempt to clarify the potential problem and work with the mentor, mentee, and/or parent/guardian to resolve the issue early.
2. The general process for resolving problems will follow the IDEAL model that includes:
 - Identify the problem and have a clear shared understanding of the problem between the mentor, mentee, and parent/guardian.
 - Develop alternative solutions that could address the problem.
 - Evaluate the strengths and weaknesses of each solution.
 - Act on the most constructive solution
 - Learn from how the solution worked and repeat the IDEAL process if necessary.
3. When the match problem involves a lack of contact on the part of the mentor or mentee, the program staff must investigate the reasons for lack of contact with the offending party, and make efforts to ensure the match is meeting according to the contracted amount of time per month.
4. If a problem area continues, the coordinator should consult with other staff members and/or community resources to define a viable approach to addressing the problem and proposing potential solutions.
5. If the problem cannot be resolved, formally closing the match may be necessary. At that time, it would be determined if either or both parties are suitable for matching with other partners.
6. All support and supervision by program staff must be recorded on the respective Mentor/Mentee Contact Sheets, referencing any notes included in the files.

Other Support

It is the responsibility of the program coordinator to provide other support to the matches, including but not inclusive of the following:

- Plan and implement at least one group activity for mentor/mentee matches per quarter.
- Facilitate an ongoing support group for mentors that will meet bimonthly
- Access community resources, including board member contacts, to obtain and disseminate tickets to community events and activities for matches.

Mentor Report Log

Name: _____

Contact Date	Meeting Dates	Activities	Comments and/or Areas of Concern

Mentee Report Log

Name: _____

Contact Date	Meeting Dates	Activities	Comments and/or Areas of Concern

Parent/Guardian Report Log

Name: _____

Contact Date	Meeting Dates	Activities	Comments and/or Areas of Concern

NEW INSIGHTS SAMPLE PROCEDURE

Recognition Procedure

Board Approval Date: _____

Revision Date: _____

The following outlines required recognition activities for mentors in the New Insights Mentoring Program. This procedure, however, does not limit recognition as a daily part of "business" or other activities that may be undertaken throughout the year.

1. Each mentor in the program will receive personalized "participant" business-sized cards sent by mail that recognize their commitment and participation to the New Insights Mentoring Program. These cards will be provided following their initial match, and updated and redistributed each year to coincide with their annual anniversary date; the cards will prominently state the number of years of service.
2. Cards will also be sent to mentors during each December/New Year holiday season and for their birthday, with personal signatures from program and agency staff.
3. Every year New Insights Mentoring Program will host a participant recognition event such as a picnic, dinner, or other activity. A mentor, mentee, and parent/guardian of the year award will be presented. A committee including the program coordinator, executive director, and board members will determine award criteria and make final determinations based on recommendations from the program coordinator. Other acknowledgments will be made for length of service (mentors), recruitment of other mentors, best academic improvement (mentee), or other outstanding achievements. Recognition will include a certificate and a nominal gift determined by the committee and budget allowance. The program coordinator will lead the planning and implementation efforts with input, assistance, and attendance of other staff, the executive director, and board members.
4. Recognition for length of volunteer service includes:
 - At six months, a letter of appreciation will be sent to the mentor's place of employment, recognizing the mentor's commitment to the program.
 - After one year of service, all mentors will be sent a certificate of appreciation and a handwritten thank-you note or card.
 - At five years of service, engraved plaques will be presented for continuous service.
 -
5. All awards and recognitions will be featured in the New Insights newsletter including Participant of the Year awards, length of service recognitions, and any other outstanding service/performance acknowledgments. Participant of the Year awardees will be written up in a press release that will be distributed to local media.
6. Outstanding mentors may be asked to assist in presenting at new mentor orientation and training sessions by invitation of the program coordinator.

NEW INSIGHTS SAMPLE PROCEDURE

Mandatory Reporting of Child Abuse and Neglect Procedure

NOTE: Any instructions, agencies, or statutes noted within this example procedure are purely fictional and are not meant to portray necessary steps that any agency or program should or must follow! Please consult your agency's legal counsel and state statutes for guidance in developing a tailored Mandatory Reporting procedure for your program.

Board Approval Date: _____

Revision Date: _____

All staff, agency representatives, and volunteers must adhere to the following mandatory reporting procedures:

Suspected Child Abuse or Neglect

1. All suspected incidents of child abuse or neglect, recent or otherwise, must be reported to the program coordinator immediately, the same day if possible.
2. The program coordinator must fill out the Child Abuse and Neglect Report form detailing critical information about the alleged incident of abuse or neglect. Once completed and reported, this form will be kept in the mentee's file folder.
3. The program coordinator must then file a report with the state Department of Children and Family Services (DCFS) within 24 hours per state statute.
4. If knowledge of the suspected abuse or neglect occurs during non-business hours, the mentor must 1) contact the agency crisis staff on beeper, or 2) make the report to the local community abuse hotline or directly to DCFS. The mentor must first attempt to contact agency/program staff. If unable to do so at the time, he/she must file a report with the program coordinator by noon the next business day. The program coordinator must follow steps 1 and 2 above and follow up with the DCFS to ensure the report was adequately made by the mentor.
5. In some cases, the DCFS may require the mentor to be interviewed or make contact with them directly. In such cases, the program coordinator will accompany the mentor as allowed by DCFS.

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SECTION 3. PROGRAM PROCEDURES

Suspected Child Abuse or Neglect by Program Staff or Volunteers

1. The same procedures outlined above will be followed for any suspected child abuse and neglect by any staff person, program representative, or volunteer.
2. In addition, the alleged abuser will be investigated by New Insights executive staff and board members.
3. During such an investigation, the alleged abuser will be immediately restricted from contact with youth, placed on employment probation, terminated, or suspended from participation in the program.
4. In the case of suspicion of a mentor, the parent/guardian will be immediately informed of the suspicion.

Training

1. All program staff, agency representatives, and volunteers must be trained on state statutes of child abuse and neglect laws, and the agency's mandatory reporting policy and procedures prior to working with youth or participating in the New Insights Mentoring Program.
2. Reporting of child abuse and neglect is mandated by the training policy and procedure and is included as a required topic in the training curriculum outline for both mentors and mentees.

Child Abuse and Neglect Report

Date: _____

Person making report to New Insights: _____

Relationship to child: _____

Reported to: _____ Date: _____
(DCFS Staff name)

Name of child: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Parent/Guardian: _____

Relationship to Child: _____

Name of person suspected of abuse or neglect: _____

Relationship to the child: _____

Describe suspected abuse or neglect; include the nature and extent of the current injury, neglect, or sexual abuse to the child in question:

Describe, if known, the circumstances leading to the suspicion that the child is a victim of abuse or neglect:

Describe, if known, any previous injuries, sexual abuse, or neglect experienced by this child or other children in this family situation and any previous action taken, if any.

NEW INSIGHTS SAMPLE PROCEDURE

Closure Procedure

Board Approval Date: _____

Revision Date: _____

New Insights Mentoring Program staff will follow the closure procedures as closely as possible and will vary based on the reasons for the match ending:

1. At the point it is decided that a match is closing, the mentoring program staff will fill out a Match Closure Summary form and supervise and instruct all participants through the closure process. A copy of the Match Closure Summary will be placed in both the mentor and mentee files.
2. All closures must be classified as to the reason for the match ending. The major classifications are as follows and the circumstances will dictate the procedure to be followed:

Planned

A planned closure is one that has been known about for a period of time such as three months or more. Common reasons for planning a match closure may include the match is reaching the end of the one-year commitment, the youth ages out of the program, and/or the goals of the match have been achieved.

Extenuating

Extenuating circumstances for match closure are usually more sudden in nature, and beyond the control of the program and/or its participants, i.e., relocation or moving away, or an unexpected personal crisis.

Difficult

A difficult match closure is due to relationship or behavioral difficulties, i.e., lack of cooperation or contact, parental disapproval, irreconcilable issues, lack of compatibility, and/or violations of program policies.

3. In all cases, attempts will be made to have a closure meeting to include program staff, the mentor, and mentee. The parent/guardian may attend if he/she desires. The meeting agenda should cover the following, depending on the circumstances of closure:
 - Open discussion about the relationship ending
 - Complete the closure Exit Surveys
 - Discuss New Insights' policies around future contact (see Closure Policy)
 - Distribute participant Closure Letters
4. In the absence of a meeting, program staff will attempt to contact all parties by phone to inform them the match is closing and how best to proceed in closing the match. Closure Letters and Exit Surveys will be mailed out to the mentor, mentee, and parent/guardian and will include self-addressed, stamped envelopes.

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SECTION 3. PROGRAM PROCEDURES

5. In all circumstances, the mentor, mentee, and parent/guardian should all receive a Closure Letter stipulating the match has formally ended and any future contact is beyond the scope and responsibility of New Insights.
6. Program staff must coordinate closure proceedings with evaluation requirements and assist in any way necessary to gather evaluation data during this process.
7. Copies of the Closure Letters and all completed Exit Surveys should be placed in the respective mentor or mentee files.
8. Depending on planned future participation in the program, the files of mentors and/or mentees exiting the program should be kept active or placed in the program archives.

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SECTION 3. PROGRAM PROCEDURES

Match Closure Summary

Name of Mentee: _____

Name of Mentor: _____

Match Date: _____ Closure Date: _____ Length of Match: _____

Please circle the circumstance and check the reason for match closure

Planned	Mentor	Mentee
Completed one-year match		
Other, specify:		

Extenuating	Mentor	Mentee
Relocation		
Life Change		
Time/Schedule Conflict		
Family/Personal/Health Issues		
Other, specify:		

Difficult	Mentor	Mentee
Violation of Policy		
Behavioral Problems		
Lack of Cooperation with Agency		
Parent/Guardian Withdrew Youth		
Lost Interest		
Other, specify:		

Additional details concerning the closure:

Recommend rematch? Mentor: Yes No | Mentee: Yes No

Completed by: _____ Date: _____

Note: Place copy in both mentor and mentee files

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentor Exit Survey

Thank you for serving as a mentor in the New Insights Mentoring Program. Your efforts are greatly appreciated. We are always looking for ways to improve our program and appreciate your feedback. Please complete the following and return in the enclosed envelope.

Name: _____ Date: _____

Name of Mentee: _____

Length of Match: ____years ____months

Check what best describes your relationship with your mentee. Then please explain your answers below:

- | | | |
|------------------------------------------|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Very close | <input type="checkbox"/> Close | <input type="checkbox"/> Not very close |
| <input type="checkbox"/> Very successful | <input type="checkbox"/> Successful | <input type="checkbox"/> Not very successful |

Why is your match ending?

Do you feel like you made a difference in your mentee's life? Yes No

Please explain below:

Did you feel you received adequate support and supervision from program staff?

What aspects of the New Insights Mentoring Program did you like the best?

What aspects of the New Insights Mentoring Program did you like the least?

What could we have done to make our program a better experience for you and/or your mentee?

Would you like to be rematched? Yes No

Please provide any additional comments:

Generic Mentoring Program Policy and Procedure Manual

SECTION 3. PROGRAM PROCEDURES

Mentee Exit Survey

Thank you for being a mentee in the New Insights Mentoring Program. We hope you enjoyed being a mentee. We are always looking for ways to improve our program and appreciate your feedback. Please complete the following and return in the enclosed envelope.

Name: _____ Date: _____

Name of Mentor: _____

Length of Match: ___years ___months

Check what best describes your relationship with your mentor. Then please explain your answers below:

- | | | |
|------------------------------------------|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Very close | <input type="checkbox"/> Close | <input type="checkbox"/> Not very close |
| <input type="checkbox"/> Very successful | <input type="checkbox"/> Successful | <input type="checkbox"/> Not very successful |

Why is your match ending?

Do you feel like your mentor made a difference in your life? Yes No
Please explain below:

Did you feel you received adequate support and supervision from program staff?

What aspects of the New Insights Mentoring Program did you like the best?

What aspects of the New Insights Mentoring Program did you like the least?

What could we have done to make our program a better experience for you?

Would you like to be rematched? Yes No

Please provide any additional comments:

Parent/Guardian Exit Survey

Thank you for letting your child participate in the New Insights Mentoring Program. We hope your child benefited from having a mentor. We are always looking for ways to improve our program and appreciate your feedback. Please complete the following and return in the enclosed envelope.

Name: _____ Date: _____

Name of Child: _____

Name of Mentor: _____

Length of Match: ____years ____months

How would you describe your child's relationship with his/her mentor? Please explain your answers below:

- | | | |
|------------------------------------------|-------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Very close | <input type="checkbox"/> Close | <input type="checkbox"/> Not very close |
| <input type="checkbox"/> Very successful | <input type="checkbox"/> Successful | <input type="checkbox"/> Not very successful |

Why did the match end?

Do you feel like your child's mentor made a difference in his/her life? Yes No
Please explain below:

Did you feel you received adequate support and supervision from program staff?

What aspects of the New Insights Mentoring Program did you like the best?

What aspects of the New Insights Mentoring Program did you like the least?

What could we have done to make our program a better experience for you?

Would you allow your child to be rematched? Yes No

Please provide any additional comments:

Closure Letter

New Insights Mentoring Program
P.O. Box 5575
Winwood Heights, IL 89633

(Name of Mentor, Mentee, or Parent/Guardian)
(Address)

Dear *(first name)*,

This letter is to inform you that the mentoring relationship managed by the New Insights Mentoring Program has officially ended as of *(match end date)*.

(Optional if applicable) We have made attempts to contact you via phone and e-mail to no avail and regret that we are unable to meet with you and go through a formal closure process.

As the match has formally ended, New Insights no longer assumes responsibility for monitoring and supervising the match and your file will be placed on an inactive status. Thus, any future contact between match partners is at the sole discretion of all parties involved (mentor, mentee, and parent/guardian). Any incidents occurring due to future contact among match participants is beyond the scope and responsibility of New Insights.

Thank you for your involvement in our program. We appreciated your participation.

Please feel free to contact me if you have any questions.

Sincerely,

Gina Meanwell
New Insights Program Coordinator

NEW INSIGHTS SAMPLE PROCEDURE

Evaluation Procedure

Board Approval Date: _____

Revision Date: _____

1. A contract with Winwood Community College provides they will be responsible for overall evaluation design, development of measurement tools, tabulation, and summaries. Community College staff will oversee the project and be assisted by students.
2. New Insights program staff will be responsible for overseeing Winwood Community College's efforts and collecting the evaluation data from mentors and their parents/guardians with assistance from Winwood Community College students.
3. Mentee evaluation data will be collected at the end of each six months of participation in the program. Confidential surveys will be mailed to mentees and their parents/guardians to be returned directly to Winwood Community College evaluators.
4. Data will be tabulated, evaluated, and compiled into reports at the end of each quarter for those participants reporting that quarter.
5. New Insights staff will meet quarterly to review the data and make program modification accordingly.