Mentoring Partner Registration Form

CONTACT INFORMATION

Mentoring Program:
Contact Name:
Volunteer Coordinator (if different from above):
Address:
City: State: KS Zip:
E-Mail: Phone: Website:

PROGRAM INFORMATION (Check all that apply)

Location of Mentoring: [ ] School-Based [ ] Faith-Based [ ] Community-Based [ ] Site-Based

Mentoring Type:
[ ] One-to-One (1 adult / 1 youth) [ ] Peer (youth mentoring youth)
[ ] Group (1 adult / up to 4 youth) [ ] Team (several adults and several youth)
[ ] E-Mentoring (mentoring via the internet)

Ages Served:
[ ] 5-9 year olds [ ] 10-13 year olds [ ] 14-17 year olds
[ ] under 5 years old [ ] 18+

Hours Needed:
[ ] 45 minutes [ ] 1-2 hrs/wk [ ] 2-5 hrs/wk [ ] 5+ hrs/wk

Nature of Mentoring:
[ ] academic [ ] career exploration [ ] friendship/socialization
[ ] special needs [ ] other:

[ ] Our program currently conducts criminal background checks on all mentors through the following agencies:

Counties Served:
Please describe your program (200 characters):

Mentor Kansas has established the following definition of mentoring:
A consistent, structured, stable relationship between youth and a caring role model(s) that involves regular, ongoing and ideally face-to-face meetings; and is focused on developing the character, capabilities and confidence of the young person(s).

I agree that the information disclosed in this form is accurate. I have also read Mentor Kansas’ definition of mentoring and believe my program meets these criteria. I understand that submission of this form does not constitute official registration with Mentor Kansas as a Mentoring Partner and notification of registration will be sent via e-mail.

________________________________________
Signature, Program Director

________________________________________
Date

Return completed form by mail: Mentor Kansas, 900 SW Jackson Street, Suite 102, Topeka, KS 66612
by e-mail: mentor@ksde.org or by fax: 785.296.7933  updated 10/31/2018