



Partnership Application

Mentor Kansas, previously known as Kansas Mentors, is a statewide mentoring partnership that connects existing mentoring programs with one another and serves as a resource for communities wishing to start a program. Mentor Kansas believes that every young person deserves caring and supportive relationships in life to help him or her grow and develop into a thriving, productive and engaged adult. Mentor Kansas works to promote the great mentoring opportunities found throughout the state and fuel the quality and quantity of positive mentoring relationships available to young Kansans. Mentor Kansas also serves as the Kansas affiliate of MENTOR: The National Mentoring Partnership.

If you are operating a mentoring program for children and youth in Kansas, we strongly encourage you to join the network of partner mentoring programs. There is no cost associated with becoming a partner program. The application will take approximately 25 minutes to complete and will address the mentoring program's design and planning, management, and operational standards.

Mentor Kansas does not assume responsibility or liability for the actions or inactions of individual mentoring programs. If you have any questions, please contact Mentor Kansas via e-mail (mentor@ksde.org) or by phone (785-368-6211). We also encourage you to visit the Mentor Kansas website (www.mentorkansas.org) to learn more and to request a free copy of the Elements of Effective Practice for Mentoring™.

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).

Does your mentoring program align to Mentor Kansas' definition of mentoring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe how your mentoring program aligns to Mentor Kansas' definition of mentoring		

Date			
Primary Contact Information			
Name			Title
Email Address			
Work Phone		Cell Phone	
Preferred Contact Method	<input type="checkbox"/> Work phone <input type="checkbox"/> Cell <input type="checkbox"/> Email <input type="checkbox"/> Text		
Do we have permission to add your contact information to the Mentor Kansas Connection Newsletter and list serve?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your program part of another existing organization?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Organization Information			
Organization Name			
Address			
City and State		Zip Code	
Phone Number		Fax Number	
Year Established		Year Mentoring Program Started	
Mentoring or Organization Employee Identification Number			
Organization Website			
Please list your social media platforms below (if available)			
Facebook		Instagram	
LinkedIn		Twitter	
Program Design			
Mentoring Model Used (check all that apply)			
<input type="checkbox"/> One-to-One <input type="checkbox"/> E-Mentoring <input type="checkbox"/> Group <input type="checkbox"/> Peer-to-Peer <input type="checkbox"/> Team <input type="checkbox"/> Other (please specify) _____			
Mentoring Location (check all that apply)			
<input type="checkbox"/> School-Based <input type="checkbox"/> Faith-Based <input type="checkbox"/> Community/Site-Based <input type="checkbox"/> Other (please specify) _____			
Grade level of mentee served (check all that apply)			
Elementary School	<input type="checkbox"/> Pre-K	<input type="checkbox"/> K	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Middle School	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
High School	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11 <input type="checkbox"/> 12
Post High School/College			
Other (describe)			

Number of Matches and Mentors

Number of Matches _____

Number of Mentors _____

Number of Mentees _____

Number on Waitlist _____

Please describe your population of youth served

Frequency of meetings?

Length of each meeting?

Minimum duration of match?

Which of the following do you recruit as potential mentors? (check all that apply)

- Faith-Based
- College Students
- High School Students
- Other (please specify) _____
- Community/General Public
- Corporate Employees
- Older Adults/Retirees

Program Operational Standards

What program systems do you have in place? (check all that apply)

- Budgeting for Operations
- Managing Program Finances
- Policies and Procedures
- Elements of Effective Practice Standards
- Risk Management
- Program Evaluation
- Marketing and Communication
- None of the Above

What screening tools do you have in place? (check all that apply)

- National Sex Offender Website
- FBI Background Check
- KBI Background Check
- Kansas Courts Online
- Child Abuse and Neglect Registry Check
- Adult Abuse, Neglect and Exploitation Registry Check
- Driving Record
- Drug Screening
- Personal Reference Check
- Professional Reference Check
- Online or Written Application
- Interviews
- Home Visits
- None of the Above

Does your program or host organization carry liability insurance? If no, please explain below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
What training and resources are you interested in at this time? (Recruitment, Screening, Match, etc.)	
Other information about your program you would like to share?	

Completed by: _____ Title: _____ Date: _____

Please return completed form to:

Paula Smith
Mentor Kansas Director
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psmith@ksde.org