



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**