



**"Our mission is to be an Open Door to help people grow in faith and hope as they become self-sustaining."**  
350 Main Street ☙ Royersford, PA 19468 ☙ 610-948-4818

# OPEN DOOR MENTORING POLICIES AND PROCEDURES MANUAL

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Laurie Faust, Executive Director

## **Acknowledgments**

The NMC would like to thank the following individuals for their support and assistance with the original version of this publication:

- Jayme Marshall and Eric Stansbury at the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice
- Jodi Jaworski, formerly of the Mentoring Institute in St. Louis, MO
- Amy Cannata from the LEARNS project at NWREL

The NMC also thanks Scott Peterson at the Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice for his support of the NMC and for mentoring in general. Finally, we thank the Hamilton Fish Institute on School and Community Violence at George Washington University for their support in developing and disseminating this revised publication.

This project was supported by the Hamilton Fish Institute on School and Community Violence through Award No. 2005-JL-FX-0157 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice or the Hamilton Fish Institute.

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## SECTION 1. ORGANIZATIONAL BACKGROUND

### **Organizational Information**

#### **Agency/Program History**

Royersford Outreach, Inc. aka OPEN DOOR MINISTRY, established in 2001 and incorporated in June, 2002 is an outgrowth program of the Church of the Nazarene, Royersford, PA. The church purchased and renovated Allen's store on Main Street in Royersford in August of 2001. The SHARE program started at the church is now part of OPEN DOOR'S program.

The OPEN DOOR program serves economically disadvantaged individuals of all ages in the Royersford-Spring City and surrounding areas, including Collegeville, Limerick, Pottstown and Phoenixville. These municipalities are located within Montgomery and Chester Counties. In particular, Royersford (4,250+ Montgomery County residents) is an older, urban, low-income area that has experienced calculable business losses due to commercial (businesses/jobs) and residential (housing/support systems) shifts from downtown to surrounding suburban communities.

Laurie Faust, executive director, and her staff continue to carry out the Open Door vision and expand the scope of program services. Open Door is currently expanding its scope of services to include a mentoring program for youth 10–18.

#### **Mission Statement**

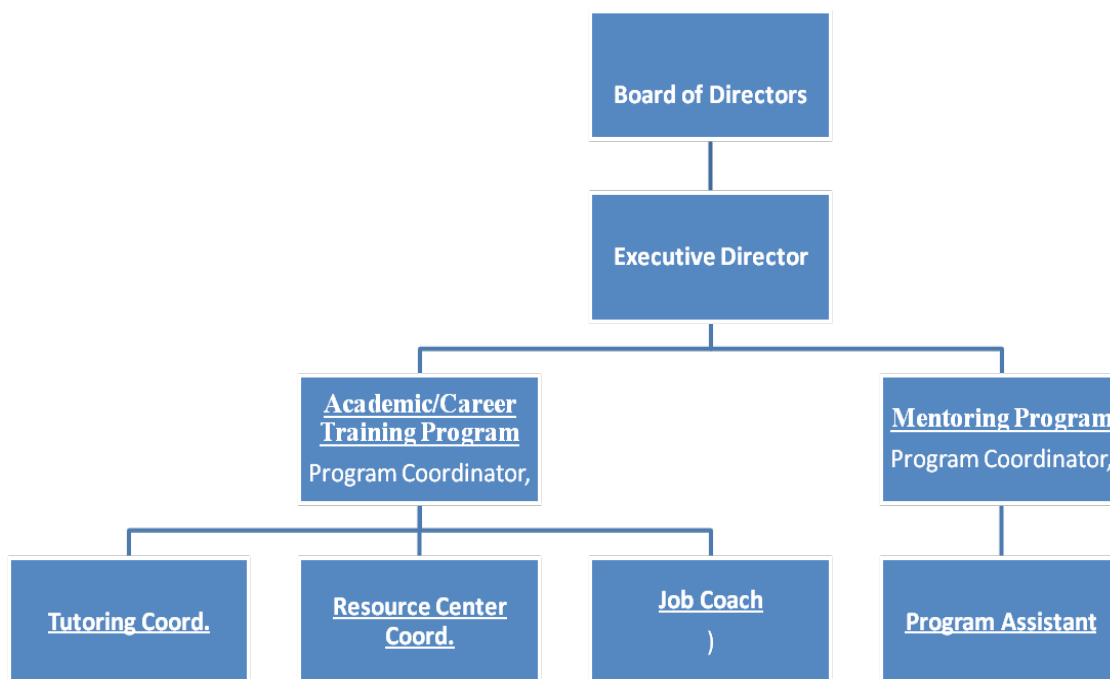
The mission of the Open Door Mentoring Program is to empower youth in our community to make positive life choices that enable them to maximize their personal potential and grow in faith and hope.

#### **Vision Statement**

Open Door Mentoring Program envisions a ministry in which youth experience a nurturing, stable environment and one-to-one relationship 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

### Organizational Chart



### List of Board Members (2010-2011)

- Carol Decker
- Bev Eccles
- Tricia Hamilton
- Janice Hill
- Elmer Knapp
- Sean Knapp
- Tom Lewis
- Sonia Maressa
- Georgette J. Smith-Slater
- Barbara Urner
- Rita M. Wanner
- Mildred Weigner

## **Job Descriptions**

### **Executive Director**

The Executive Director will strategically manage growth according to the organization's overall vision and goals. This position involves administrative, fundraising, property management and personnel management skills. The Executive Director position requires the experience and ability to manage personnel and collaboration efforts as well as financial and operational aspects of the agency. The Executive Director is responsible for furthering the agency mission of serving at-risk youth through mentoring.

#### **Duties:**

- Manage a staff, development operations, organizational systems and policies;
- Handle fundraising;
- Oversee finances and budget for each fiscal year;
- Oversee Program Director(s);
- Communicate effectively with staff and volunteers and supervise public relations;
- Work in collaboration with the Board of Directors;
- Provide leadership to staff and Board;
- Manage and promote workplace campaigns; and
- Increase awareness in community and among community leaders.

### **Program Coordinator**

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 and faith-based organizations
- Build a strong working relationship with our mentoring staff



**Organizational Documents**

**Agency By-Laws Agreements**

Available upon request

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

## 501(c)3 Letter

See next page

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUL 13 2007**

ROYERSFORD OUTREACH INC  
350 MAIN ST  
ROYERSFORD, PA 19468-2313

Employer Identification Number:  
22-3866998

DLN:

17053181733047

Contact Person:

CHARLES M MANNIX

ID# 31648

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170(b)(1)(A)(vi)

Dear Applicant:

Our letter dated January 2003, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at [www.irs.gov](http://www.irs.gov).

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,



Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Letter 1050 (DO/CG)

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

## Memorandum of Understanding

This Memorandum of Understanding (MOU) made this 1st day of January 2011 as managed by the Open Door (OD) Mentoring Program. This MOU establishes that ( ) (Partner) agree to the following terms and conditions as partners in the Open Door Mentoring Program:

### OD 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 5 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
- Provide on-site coordination, an adequate project site, office space, and facility amenities

### Partner will:

- Identify appropriate ( ) 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 Mentor Program Coordinator

## Relevant Grant and Contract Documents or Other Agency Agreements

Available upon request

## SECTION 2. PROGRAM POLICIES

### **Recruitment Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door Mentoring Program that there will 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.**

### **Inquiry Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door Mentoring Program that all inquiries regarding participation in the mentoring program are responded to within two weeks.

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 staff handling inquiries 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.**

## **Eligibility Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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 when all eligibility requirements are not clearly met. These instances are expected to be rare.

### **Mentor Eligibility Requirements:**

- Be willing to adhere to all Open Door Mentoring Program policies and procedures
- Be at least 18 years of age
- Agree to a one-year commitment to the program
- Commit to spending a minimum of one hour per week with the mentee
- Ability to work with diverse groups of people
- Complete the screening procedure, including criminal background check.
- Agree to attend mentor trainings as required
- Be willing to communicate regularly with the program coordinator and submit monthly meeting and activity information
- Not be a convicted felon
- Not be a user of illicit drugs
- Not abuse alcohol or controlled substances
- 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
- Willing to submit to random drug and alcohol checks

### **Mentee Eligibility Requirements:**

- Be 10–18 years old
- Demonstrate a desire to participate in the program and be willing to abide by all Open Door 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

## **Screening Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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 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.**

## **Training Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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.

## **Matching Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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
- Common interests
- Similar personalities

## **Match Support and Supervision Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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 outside of our facility 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.**

## **Recognition Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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.



## **Record-Keeping Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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.**

## **Confidentiality Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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 Open Door 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 Open Door 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. 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

## **Transportation Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door Mentoring Program to not allow mentors to transport mentees in their own private vehicles.

## **Mandatory Reporting of Child Abuse and Neglect Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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 Open Door 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.**

## **Use of Alcohol, Drugs, Tobacco, and Firearms Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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 Open Door 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.

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

**Tobacco:** The intent of Open Door 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 Open Door 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.**

## **Unacceptable Behavior Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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
- 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 Open Door 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.**

## **Closure Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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 Open Door 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 Open Door 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 Open Door will not be liable for any incidents that occur after the match has closed.

## **Evaluation Policy**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

It is the policy of the Open Door 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.

## SECTION 3. PROGRAM PROCEDURES

### **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.**

## **Mentor Job Description**

The Open Door Mentoring Program 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 1 hour per week one-to-one with a mentee
- Communicate with the mentee weekly
- Attend an initial training session and additional 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 18 years old
- 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 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



## **Annual Recruitment Plan**

### **Recruitment Objective**

Attract 25 new mentors matched with youth by

### **Target Audience**

Men and women in Spring-Ford 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**

- Open Door 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
- Local Businesses
- Professional Associations
- Churches/Faith-Based Groups
- Governmental Agencies



# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

## 2011 Annual Recruitment Plan Timeline

Recruitment Activity	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Brochure and flyer placement												
Open Door newsletter												
Display tables – local events (TBD)												
Press release/PSA distribution												
Personal contacts: 1-2/mo.												
Organization presentations: 1-2/mo.												
Web site/ electronic solicitation												
Other												

## Quarterly Recruitment Activity Plan

First Quarter, 2011

Activity	Date Complete	Person Responsible
<b>Promotional Material Development:</b>		
Update Brochure – new copy, photos		
Press Release/PSA – New Board president announcement		
Web Site Update – Add page for Board w/pictures		
Write Newsletter – 2nd Quarter		
<b>Promotional Activities:</b>		
Inquiry Responses – Web, phone, e-mail		
Mail Out First Quarter Newsletter		
Distribute Brochures, Flyers		
Mentor Orientation Session, 7–9 pm		
Display Table		
Contact Rotary – Request to speak at Q2 meeting		
Meeting/Presentation –		
Mentor Orientation Session, 7–9 pm		
Chamber Luncheon Speech		
Meeting/Presentation –		
Mentor Orientation Session, 7–9 pm		
Board Meeting Presentation		
Radio Interview		

## **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:
4. Overview of program and program purpose
5. Time and duration commitments
6. Overview screening requirements
7. Training requirements
8. Next step is to attend an orientation session
9. 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:
10. Program brochure
11. Mentor job description (mentors only)
12. Application packet (mentor- or mentee-specific)
13. The times and dates of upcoming orientation sessions (mentor- or mentee-specific)
14. 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. **Open Door 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. **Open Door 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

## Volunteer Inquiry Tracking Form

[illegible]



## **Mentor Screening Procedure**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

In accordance with the Open Door 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.
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:
  4. Make an appointment and conduct an in-person interview with the prospective mentor
  5. Conduct phone interviews with three personal references
  6. Process the criminal history, child abuse registry, *and* sexual offender registry checks
  7. 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.
  8. Send out an acceptance or rejection letter to the applicant based on the overall assessment of appropriateness.
  9. If applicant is rejected, the applicant's file should be placed into the file area of ineligible applicants.
  10. If the applicant is accepted, the mentor must complete the initial training session prior to being matched with a mentee.

## **Application Packet**

See following pages

## 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: \_\_\_\_\_

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Employer: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ (m/year)

Position Held: \_\_\_\_\_

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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.

## OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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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 Open Door 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 one hour per week 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.
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 in service training sessions per year after being matched?

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**Please read this carefully before signing:**

Open Door 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 Open Door 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 Open Door 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:

- Information Release Form
- Personal References Form
- Interest Survey 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, Open Door Ministry, 350 Main St., Royersford, PA 19468

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## Information Release

I, \_\_\_\_\_, understand it will be necessary for Open Door Mentoring Program to conduct a background check regarding my criminal history, personal references, and employment.

I authorize Open Door 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 Open Door to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that my information 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)
---------------	----------------	------------------------	----------------------



## 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 Open Door Ministry 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: \_\_\_\_\_

## Mentor Interest Survey

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete all the following. This survey will help Open Door 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: \_\_\_\_ 10–13 \_\_\_\_ 14–18 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?

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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 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 – one hour per week plus training 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?
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. What hobbies or interests do you have?

19. At this point, clarify any questions of concern that arose from the written application.

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

**Interviewer Comments:**

## 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:**

## Mentor Assessment Summary

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Materials	Date Sent	Date Rec'd From Applicant	Date Sent	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
		18 years of age or older
		Willing to adhere to program policies and procedures
		Agrees to a one-year commitment
		Commits to one hour per week
		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 clean criminal history
		Has never been accused, arrested, charged, or convicted of child sexual abuse



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

## **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 Open Door 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  
Open Door Mentoring Program

## **Mentor Rejection Letter**

### **OPEN DOOR MENTORING PROGRAM**

*Creating Vision Through Mentoring*

January 7, 2003

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

Dear Mr. Biggs,

On behalf of the Open Door 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  
Open Door Mentoring Program

Mentor Contact Sheet

Name of Mentor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mentee Name: \_\_\_\_\_

Date	Purpose/Notes:

## **Mentee Screening Procedure**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

In accordance with the Open Door 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.

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

## 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

## **OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL**

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

Additional comments:



## **Parent/Guardian Referral Letter**

January 29, 2003

To the parents of: \_\_\_\_\_

Your son/daughter has been referred to participate in the Open Door 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. Open Door 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,

Program Coordinator  
Open Door Mentoring Program  
(610) 948-4818

## **Mentee Application Packet**

See following pages

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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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

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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## 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 Open Door Mentoring Program:
3. Is your child available to meet with a mentor one hour per week for a minimum of one year? Please explain any particular scheduling issues.
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 Open Door in matching your son/daughter with an appropriate mentor?

## OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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### 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? Is 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

Open Door 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 Open Door 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 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

## OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Open Door 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 release the Open Door 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, and hold harmless any Open Door 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 Open Door 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

Please return or mail this application and the items listed above to Open Door Ministry, Mentoring Program Coordinator, 350 Main St., Royersford, PA 19468.

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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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 Open Door Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Open Door 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 Open Door 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 \_\_\_\_\_

## Mentee Interest Survey

(To Be Completed by Youth)

Please complete all the following. This survey will help Open Door 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:



## 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?

## OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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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?
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:**

## Mentee Assessment Summary

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Screening Materials	Date Sent to Applicant	Date Item
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
		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 one hour per week
		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.

## OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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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: \_\_\_\_\_

## **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 Open Door 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 Open Door activities; please feel free to contact the program coordinator with any questions or concerns.

Sincerely,

Gina Meanwell  
Program Coordinator  
Open Door Mentoring Program  
(503) 222-4131

**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 Open Door 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  
Open Door Mentoring Program

Mentee Contact Sheet

Name of Mentee: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mentor Name: \_\_\_\_\_

Date	Purpose/Notes:

## **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 in service training sessions per year of involvement in the Open Door 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**

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.





## Mentor Training Curriculum 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 Curriculum 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

## 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:

## Mentor Training Completion Worksheet

Congratulations on completing your training and we look forward to working with you as a Open Door 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 Open Door Mentoring Program

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## Mentee Training Completion Worksheet

Congratulations on completing your training and we look forward to working with you as a Open Door 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 Open Door Mentoring Program.

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## **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:
  - 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.





## 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.**

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

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## Mentor Contract

Name: \_\_\_\_\_ Date: \_\_\_\_\_

By choosing to participate in the Open Door 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 one hour per week 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
- 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 in service 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 Open Door 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)

## Mentee Contract

Name: \_\_\_\_\_ Date: \_\_\_\_\_

By choosing to participate in the Open Door 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 one hour per week 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

\_\_\_\_\_ (please initial) I understand that upon match closure, future contact with my mentor is beyond the scope of the Open Door 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)

## Parent/Guardian Contract

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

- Allow my child to participate in the Open Door Mentoring Program and to be matched with an Open Door 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 one hour per week 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 Open Door 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)



## **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?
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



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

## **Recognition Procedure**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

The following outlines required recognition activities for mentors in the Open Door 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. Every year Open Door 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.
2. 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.
3. All awards and recognitions will be featured in the Open Door 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.
4. Outstanding mentors may be asked to assist in presenting at new mentor orientation and training sessions by invitation of the program coordinator.

## **Mandatory Reporting of Child Abuse and Neglect Procedure**

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.

**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.**

### **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 Open Door 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 Open Door Mentoring Program.
2. Reporting of child abuse and neglect is mandated by the training policy and procedure and is



**Child Abuse and Neglect Report**

Date: \_\_\_\_\_

Person making report to Open Door: \_\_\_\_\_

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.

## **Closure Procedure**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

Open Door 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.

1. 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 Open Door' policies around future contact (see Closure Policy)
  - Distribute participant Closure Letters

2. 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.
3. 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 Open Door.
4. Program staff must coordinate closure proceedings with evaluation requirements and assist in any way necessary to gather evaluation data during this process.
5. Copies of the Closure Letters and all completed Exit Surveys should be placed in the respective mentor or mentee files.
6. 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.



# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

## 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

<b>Planned</b>	<b>Mentor</b>	<b>Mentee</b>
Completed one-year match		
Other, specify:		

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

<b>Difficult</b>	<b>Mentor</b>	<b>Mentee</b>
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*

## Mentor Exit Survey

Thank you for serving as a mentor in the Open Door 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 Open Door Mentoring Program did you like the best?

What aspects of the Open Door 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:

## Mentee Exit Survey

Thank you for being a mentee in the Open Door 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 Open Door Mentoring Program did you like the best?

What aspects of the Open Door 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 Open Door 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 Open Door Mentoring Program did you like the best?

What aspects of the Open Door 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

Open Door Mentoring Program  
350 Main Street  
Royersford, PA 19468

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

Dear *(first name)*,

This letter is to inform you that the mentoring relationship managed by the Open Door 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, Open Door no longer assumes responsibility for monitoring and supervising the match and your file will be placed on an inactive status. -

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

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

Sincerely,

Open Door Program Coordinator

### **Evaluation Procedure**

Board Approval Date: \_\_\_\_\_

Revision Date: \_\_\_\_\_

1. DCTAT
2. Evaluation of Behavioral Changes
3. Evaluation of Support
4. Recruitment Evaluation
5. Training Evaluation

## Evaluation of Behavioral Changes

### About this form

The information collected on this form is used to determine the overall effectiveness of the mentoring program. It is to be completed by mentees and their mentors at the time of the mentees' annual review. The information collected on this form will be used and stored securely in accordance with Open Door Mentoring Privacy Statement. A copy of this statement may be obtained by contacting Open Door Mentoring.

Mentor Personal information			
Last Name		First Name	
Other name / AKA			
Evaluation			
What positive behavioral changes have been exhibited in the mentee in the last year?			
Does mentee exhibit a better understanding of the social support available to them? If yes, please describe			
Frequency of delinquent incidence (e.g. arrests/juvenile court appearances) since entry into Open Door Mentoring			
<input type="checkbox"/> Significant reduction	<input type="checkbox"/> Minimal reduction	<input type="checkbox"/> No Change	<input type="checkbox"/> Increase
Frequency of antisocial behavior demonstrated by mentee since to entry into Open Door Mentoring			
<input type="checkbox"/> Significant reduction	<input type="checkbox"/> Minimal reduction	<input type="checkbox"/> No Change	<input type="checkbox"/> Increase
Improvement in quality of mentee's family relationships since entry into Open Door Mentoring			
<input type="checkbox"/> Significant improvement	<input type="checkbox"/> Minimal improvement	<input type="checkbox"/> No Change	<input type="checkbox"/> Decline
Demonstrated growth in social competence of mentee			
<input type="checkbox"/> Extreme	<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> None
Frequency of substance abuse by mentee			
<input type="checkbox"/> Significant Reduction	<input type="checkbox"/> Minimal Reduction	<input type="checkbox"/> No Change	<input type="checkbox"/> Increased
Frequency of school absenteeism by mentee			
<input type="checkbox"/> Significant Reduction	<input type="checkbox"/> Minimal Reduction	<input type="checkbox"/> No Change	<input type="checkbox"/> Increased
Mentee is on pace to earn high school diploma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> GED
Mentee has successfully earned high school diploma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> GED
Mentee has demonstrated an increase in GPA			
<input type="checkbox"/> Significant Increase	<input type="checkbox"/> Minimal Increase	<input type="checkbox"/> No Change	<input type="checkbox"/> Decreased

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

## Evaluation of Support

### About this form

The information collected on this form is used to determine the effectiveness of the support given to staff members. It is to be completed by all staff members and mentees at the end of the fiscal year.

The information collected on this form will be used and stored securely in accordance with the Open Door Mentoring Privacy Statement. A copy of this statement may be obtained by contacting Open Door Mentoring.

### Personal information

Last Name (optional)		First Name (optional)	
Other name / AKA (optional)			
Position (staff, mentor, mentee)			

### Evaluation

How well do you feel the existing support system functions?			
<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
To what extent do you feel the support you receive is valuable?			
<input type="checkbox"/> Very Valuable	<input type="checkbox"/> Some Value	<input type="checkbox"/> Little Value	<input type="checkbox"/> No Value
How supported do you feel in your current role?			
<input type="checkbox"/> Very supported	<input type="checkbox"/> Somewhat supported	<input type="checkbox"/> Not very supported	<input type="checkbox"/> Not supported at all
How supportive is the program director?			
<input type="checkbox"/> Very supportive	<input type="checkbox"/> Somewhat supportive	<input type="checkbox"/> Not very supportive	<input type="checkbox"/> Not supportive at all
How supportive is the site coordinator?			
<input type="checkbox"/> Very supportive	<input type="checkbox"/> Somewhat supportive	<input type="checkbox"/> Not very supportive	<input type="checkbox"/> Not supportive at all
How supportive is your mentor? (mentees only)			
<input type="checkbox"/> Very supportive	<input type="checkbox"/> Somewhat supportive	<input type="checkbox"/> Not very supportive	<input type="checkbox"/> Not supportive at all
What is your overall evaluation of our support system?			
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
How can we be more supportive of you at this time?			
Other comments or Suggestions:			



## Recruitment Evaluation

### About this form

The information collected on this form is used to determine the effectiveness of our recruitment methods. It is to be completed by mentors, mentees, and staff who become a part of this program

The information collected on this form will be used and stored securely in accordance with the Open Door Mentoring Privacy Statement. A copy of this statement may be obtained by contacting Open Door Mentoring.

### Personal information

Last Name		First Name	
Other name / AKA			
Position (staff, mentor, mentee)			

### Questionnaire

How did you hear about the Open Door Mentoring Program?	
What factors affected your decision to become involved in the Open Door Mentoring Program?	
Are there recruitment methods that you feel would be beneficial for us to incorporate?	
Please evaluate your recruitment experience. In what areas could we have done better?	

# OPEN DOOR MENTORING OPEN DOOR POLICIES AND PROCEDURES MANUAL

## Training Evaluation

### About this form

The information collected on this form is used to determine the effectiveness of our training methods. It is to be completed by all staff members who become a part of the Open Door Mentoring program

The information collected on this form will be used and stored securely in accordance with the Open Door Mentoring Privacy Statement. A copy of this statement may be obtained by contacting Open Door Mentoring.

### Personal information

Last Name (optional)		First Name (optional)	
Other name / AKA (optional)			
Position			

### Evaluation

How do you feel about the frequency of the training offered?				
<input type="checkbox"/> Too Often	<input type="checkbox"/> Just Enough	<input type="checkbox"/> Not Quite Enough	<input type="checkbox"/> Not Near Enough	
To what extent did you feel the training you receive is valuable?				
<input type="checkbox"/> Very Valuable	<input type="checkbox"/> Some Value	<input type="checkbox"/> Little Value	<input type="checkbox"/> No Value	
Describe your understanding of mentoring before training?				
<input type="checkbox"/> Knew all about mentoring	<input type="checkbox"/> Knew a lot about mentoring	<input type="checkbox"/> Knew some about mentoring	<input type="checkbox"/> Knew nothing about mentoring	
Describe your understanding of mentoring after orientation?				
<input type="checkbox"/> Increased a lot	<input type="checkbox"/> Increased a little	<input type="checkbox"/> No significant increase	<input type="checkbox"/> No increase at all	
Do you feel a need for additional information on any topic?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, please explain:				
What is your overall evaluation of the training materials and process?				
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Was your training easy to understand?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Effectiveness and quality of personnel conducting the training	<input type="checkbox"/> Great	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Other comments or suggestions:				