**Mentoring Program Name**:

**Organization/Company Name** (if different than above):

# Billing Address:

# Shipping Address (if different than above):

**City: State: Zip:**

**County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Website:**

**Phone: ( ) Fax: ( )**

# Primary Contact Person: Title:

**Phone: ( ) Fax: ( ) E-Mail:**

**Executive Director: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­** **Phone: ( ) E-Mail:**

**Application E-Mail** (If different than above)**:**

**Program Information:**

**What year was your program established?**

**Program Mission Statement:**

**Program Description:**

Type of Program: E-mentoring One-to-One Peer Team Group

Program Mentoring Days: M T W Th Fri Sat Sun

Program Mtg Times: Weekdays (9am-3pm) After School (3pm-5pm) Evenings (after 5pm) Weekends  
Mentoring Locations: After School Agency Site Community Faith-Based Juvenile Correctional Facility  
 Mental Health/Treatment Facility Online School Workplace Other

Mentor Info:

Mentor Time Commitment: 6 months 1 year School Year Other

Meeting Time Commitment: 1 hour/wk 1 hour/month 2 hours/wk 2 hours/month Other

Volunteer Preference: 18+ Driver’s License FBI Fingerprinting PA State Clearances  
 References School Aged \_\_\_\_\_Other (*please list here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentee Info:

Serving Youth (*check all that apply)*: 7 and under 8-10 11-14 15-18 College Age

|  |  |  |  |
| --- | --- | --- | --- |
| **\_\_\_Academically At-Risk**  **\_\_\_Adjudicated/court involved**  **\_\_\_Foster, Residential or Kinship Care**  **\_\_\_Gang At-Risk**  **\_\_\_Gang Involved**  **\_\_\_General Youth Population** | **\_ Gifted/Talented/Academic Achiever**  **\_ Homeless/Runaway**  **Incarcerated Parent**  **LGBTQ Youth**  **Low Income**  **Mental Health Issues** | **Parent Involved in Military**  **Physical Disabilities/Special Care Needs**  **Pregnant/Parenting**  **School Drop-Out**  **Single-Parent Household**  **Special Education** | **Youth with Disabilities**  **\_\_\_Other \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Form Submitted by: Date:

*Please complete and return to: The Mentoring Partnership of Southwestern PA, 1901 Centre Avenue, Suite 205, Pittsburgh, PA 15219*

*by fax to 412-281-6683, or by e-mail to* [*info@mentoringpittsburgh.org*](about:blank)*. Any questions – please contact us at 412-281-2535. Thank you.*