



Mentor Michigan Providers Council

NOMINATION FORM

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Check which of the following sector(s) you represent:

- Community-based mentoring
- School-based or site-based mentoring
- Faith-based mentoring
- Local mentoring collaborative
- Volunteer Center
- National Service program
- Other (please describe): _____

Number of years in your current position: _____

Number of years involved with mentoring: _____

Experience with (Please mark all that apply):

- Volunteer recruitment
- Training volunteers
- Developing partnerships with the corporate sector
- Fund development
- Mentoring standards/Elements of Effective Practice
- Mentor selection and screening
- Needs assessment
- Program evaluation and tracking data
- Serving on boards
- Other (please describe): _____

References:

Please list two references that can speak about your experience with mentoring and how you might positively impact the Mentor Michigan Providers Council.

Reference #1

Name: _____ Title: _____

Organization: _____

How they are affiliated with you: _____

Phone: _____ Email: _____

Reference #2

Name: _____ Title: _____

Organization: _____

How they are affiliated with you: _____

Phone: _____ Email: _____

Attach a copy of your resume with the Nomination Form.

On a separate sheet of paper please address the following questions. *(Your response may not exceed four (4) one-sided, double spaced pages.)*

Please describe your mentoring program including the type of mentoring program you operate, the goals of your mentoring program, the number of kids the program serves annually, the number of mentors in your program annually, the minimum mentor to mentee ratio, how often mentor and mentees are required to meet, the minimum match requirement, and any other key information about your program.

Why would you like to serve on the Providers Council?

What can you contribute to the statewide Providers Council?

What can the Providers Council do to better support your work and mentoring in general?



**Please return this form by
Friday, September 4, 2009 to:**
Michigan Community Service Commission
Attention: Mentor Michigan
1048 Pierpont, Suite 4
Lansing, Michigan 48913
Phone: (517) 373-4200
Fax: (517) 373-4977
Email: vasilionk@michigan.gov