



MENTOR MICHIGAN

TRAINING AND/OR TECHNICAL ASSISTANCE REQUEST FORM

Name

Date

Organization

Mentoring Program

Address

City

State

Zip

Phone

Fax

Email

County(ies) served

How long has your mentoring program been in existence?

How many staff members does your mentoring program have?

How many youth are currently enrolled and matched in your mentoring program?

How many mentors are currently matched in your mentoring program?

How would you describe the region(s) your mentoring program serves? (Please check all that apply.)

Urban

Suburban

Rural

Type of mentoring program? (Please check all that apply.)

School-Based

Community-Based

Faith-Based

Business/Career Exploration

E-Mentoring

Type of mentoring matches? (Please check all that apply.)

One-on-One Mentoring

Group Mentoring

Peer Mentoring

Team Mentoring

E-Mentoring

What are the populations your mentoring program serves? (Please check all that apply.)

- Youth living out of parental home (relative, residential, or foster care)
- Children of incarcerated parents
- Youth in an afterschool program
- Youth with disabilities
- Students who struggle academically
- Youth who lack permanent and stable housing
- Other
- Youth with substance abuse issues
- Youth in the juvenile justice system
- Abused or neglected youth
- Youth who live with a single parent

What are your technical assistance needs? (Please check all that apply.)

- Mentor Recruitment
- Mentor Matching
- Mentor Support, Recognition, and Retention
- Program Evaluation
- Other
- Mentor Screening
- Mentor Orientation and Training
- Match Monitoring
- Developing Program Policies & Procedures

Please provide any additional information that will help identify your training needs.



Please send your completed request form to:

Michigan Community Service Commission
Attention: Mentor Michigan
1048 Pierpont, Suite 4
Lansing, Michigan 48913
Phone: (517) 241-3493
Fax: (517) 373-4977

Email: mentormichigan@michigan.gov

