Mentor Assessment Summary

| Name: | Date: | |
|-------|-------|--|
| | | |

| Screening Materials | Date Sent to | Date Rec'd From | Date Sent to Agency | Date Item |
|------------------------------|-----------------|--------------------|---------------------------------------|--------------|
| | Applicant | Applicant | , , , , , , , , , , , , , , , , , , , | Completed |
| Written Application | | | | |
| Copy of Driver's License | | | | |
| Proof of Auto Insurance | | | | |
| Personal References | | | | |
| Interest Survey | | | | |
| Volunteer 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 | | | |
|-----|----|---|--|--|--|
| | | 21 years of age or older | | | |
| | | Resides in Winwood Heights metro area | | | |
| | | Willing to adhere to program policies and procedures | | | |
| | | Agrees to a one-year commitment | | | |
| | | Commits to eight hours per month | | | |
| | | 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 current driver's license, insurance, and driving record | | | |
| | | Has clean criminal history | | | |
| | | Has never been accused, arrested, charged, or convicted of child sexual | | | |
| | | abuse | | | |
| | | 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 a | all eligibili | ty criteriaí | ? Yes | N | 0 |
|-----------------|-----------|--------|---------------|--------------|-------|---|---|
|-----------------|-----------|--------|---------------|--------------|-------|---|---|

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: |
| Recommendation: |
| Recommendation to Approve: Yes: No: |
| Reasons Why: |
| |
| Approval: |
| Approved: Yes: No: |
| By: |
| By: |
| By: |
| Date: |