



APPLICATION FOR QUALITY-BASED MEMBERSHIP

PROGRAM NAME _____

The above-named program submits this application to Mass Mentoring Partnership for membership.

Please check level of membership requested:

___ **Affiliate Member**

An Affiliate Member is non-profit youth serving organization, mentoring program, service organization, faith-based organization, educational institution, cultural institution, institution of higher education, foundation, or other non-profit entity with a demonstrated commitment to youth mentoring as a direct service provider. An Affiliate Member program may access many benefits through Mass Mentoring Partnership, as described on the Membership Benefits chart, and may apply to become an Associate Partner Member at any time by meeting the minimum requirements. If you are applying to become an Affiliate Member, please skip any questions that are not applicable to your program at this time.

___ **Associate Partner Member**

An Associate Partner Member is a formal youth mentoring program or organization in operation for a minimum of twelve (12) months with adult to youth matches that have met for one cycle of the program's designated minimum match duration. To maintain Associate Partner Member status, the program or organization must either be actively engaged in completing the program standards' self-assessment to become a Partner Member Program or be "On the Road to Membership" completing a work plan to meet the assessment requirements. Once all requirements are met as determined by Mass Mentoring, Associate Partner Members will become Partner Members. Associate Partner Members may access many benefits through Mass Mentoring Partnership, as described on the Membership Benefits chart.

Partner Members of Mass Mentoring Partnership are formal youth mentoring programs or organizations that successfully complete the requirements of the program standards' self-assessment and review process. Partner Members agree to (1) fulfill the obligations outlined in the Mass Mentoring Partnership Membership Agreement and (2) complete a bi-annual membership update.

General Program and Contact Information

Parent Organization (if applicable): _____

Year Founded: _____ Federal ID # for 501C3 Status: _____

Street Address: _____

City/State/Zip Code: _____

Organization Main Phone: _____ Web site: _____

Executive Director: _____

E-mail: _____ Phone: _____

Mentoring Program Name (complete a separate application for each program. You will only need to complete one program standards assessment.):

Year Founded: _____ Web site (if different from Parent Organization): _____

Mentoring Program Manager: _____ Title: _____

Phone: _____ E-mail: _____ Fax: _____

Street Address: _____

City/State/Zip Code: _____

Name and Title of Individual to whom MMP will send volunteer referrals:

Phone: _____ E-mail: _____ Fax: _____

Year of first contact with MMP: _____ # of Staff Positions _____ (full time equivalents)

How did the organization/program hear about Mass Mentoring Partnership: (please check all that apply)

_____ MMP Website _____ Direct e-mail

_____ Referral from other organization _____ Direct mail

_____ Referral from funder _____ Other

_____ Event _____ If other, please specify: _____

Program Overview

Please describe your mentoring program below or attach a document that describes your program.

Program description, including primary goals of the program:

Location Where Matches Meet:

- In the community
- School
- After School Program
- Faith-based institution
-
- Residential facility
- Community-based organization
- Workplace
- On-line
- Other (specify): _____

Match Model:

- 1 to 1 (one adult to one young person)
- Group (one adult to no more than four young people)
- Team (a group of adults matched with a group of young people)
- Cross-Age Peer Mentoring (older youth matched with younger youth)

Service Area

- Greater Boston Southcoast, Cape, and Islands
- Central MA North Shore and Merrimack Valley
- Western MA

Match Information

1. Based on your most recent 12 full months of operation, how many youth mentees were in mentoring relationships in your program: _____

2. As of today, how many youth mentees are in mentoring relationships in your program: _____

3. The mentor-to-youth ratio: _____ mentor(s) to _____ youth

4. Do you currently have a waiting list for your program? Yes _____ No _____

If yes, how many are currently on the waiting list: _____ Mentees waiting for mentors

_____ Males _____ Females

_____ Mentors waiting for mentees

_____ Males _____ Females

Mentor Information

1. Minimum age of mentor: _____

2. Volunteer time commitment:

_____ Hours Per week _____ Hours Per month _____ Minimum duration (ex., 9 months, 1 year)

3. Mentor description: Please describe the characteristics of desired mentors for your program.

4. Desired gender of mentors: _____ Male _____ Female _____ Either

5. Accepting volunteer referrals: _____ Yes _____ No

Mentee Information

1. Mentee age range: _____

2. Mentee grade level range: _____

3. Gender of youth served: _____ Male _____ Female _____ Either

4. Population served: Please describe your target population (*i.e.* age, ethnicity, gender, school attended, foster care youth, youth from a particular religious group, pregnant or parenting youth, etc.).

5. Mentee eligibility requirements: Please describe any special qualities or characteristics of the youth served by your program.
