

MT. ARARAT COMMUNITY ACTIVITY CENTER MENTORING CONTACT FORM

Mentor _____ Mentee _____ Month _____

Place an "X" in the boxes that are applicable to the type of contact, activity and areas addressed with your mentee.

Date _____ Date _____ Date _____ Date _____ Date _____ Date _____

TYPE OF CONTACT

Home Visit						
In Person						
Phone/Email/Text						
School Visit						

TYPE OF ACTIVITY

Activity Night						
Athletic Event/Activity						
Career/Job Visit						
Church Service						
Cultural Event						
Group Discussion						
Homework Assistance						
One-One Discussion						
Restaurant/Dining Out						
School Conference						
Shopping/Mall Visit						
Other						

AREAS ADDRESSED

Behavior						
Friendships						
Grades						
Mentoring Relationship						
Relationship with Family						
School Attendance						
Self-Esteem						
Spirituality						
Other						

TIME SPENT

1-30 minutes						
30-60 Minutes						
1 to 2 Hours						
Over 2 Hours						

COMMENTS: (Please include any additional information that you would like the project staff to know.)

Signature: _____

Date: _____