

YOUTH EMPOWERMENT SOLUTIONS

MENTOR SERVICES MONTHLY REPORT

Please turn in by the 5th of the Month.

MENTOR INFORMATION		
Month Report for: Name	Phone:	
Address:		
MENTEE INFORMATION		
Name:	Phone	
Address:		
MENTORING ACTIVITIES		Please List Each One Separately
Date:	Time Involved:	Place / Activities:
TOTAL HRS. VOLUNTEERED THIS MONTH:	Thank You Very Much!!	
TODAY'S DATE:		

MENTEE ACCOMPLISHMENTS & SUCCESSES
Did your Mentee meet any <u>specific goals</u> for this month? Which ones?
What kind of <u>work activities</u> did your Mentee participate in this month?
Have you and your Mentee done any activities at the <u>One-Stop</u> ?
Has your Mentee participated in any school or continuing <u>education activities</u> ?
Is your Mentee currently <u>employed</u> ? If so, how many hours / where?

Mentor training and activities update for this quarter:

Bridges Advocacy and Outreach Center
 2389 Sherman, Suite 106
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