



SHIELD Mentor Program

IT'S NEVER TOO LATE TO MENTOR A CHILD...MENTOR YOUTH!

Address: PO Box 13266, Greensboro, NC 27415 · **Phone:** 336-337-2771 · **Web:** www.shieldyouth.com

Partner Site Information

SHIELD Mentor Program partners with local organizations, schools and churches in order to provide larger groups of participating youth (mentees) with access to mentoring support. The partnership provides our partners with an effective way to integrate SHIELD's mentoring model to reach shared goals. The implementation must be fully aligned with SHIELD's desired outcomes in core impact areas.

There are four ways we challenge our participants to promote these values: By realizing the interlocked potential in each individual and bringing out their leadership qualities we will **Strengthen, Help, Inspire and Encourage Leadership Development.**

SHIELD will:

- Identify, solicit, and recruit volunteer mentor applicants
- Dedicate at least two volunteers to facilitate group mentoring sessions
- Provide comprehensive curriculum to facilitate mentoring sessions
- Manage programmatic activities including but not limited to development of policies and procedures
- Oversee all operational activities including screening, training, matching, support and supervision, recognition, and closure procedures
- Coordinate case management through mentee matching
- Provide training programs in youth development, leadership, and relationship building to mentors and program staff
- Cooperate to the fullest extent possible with the Partner Site

The Partner Site will:

- Identify 10 (minimum) participants for referral in the mentoring program for at least one academic year
- Provide a meeting space for a group of mentees to meet for group mentoring sessions
- Provide at least 1 individual, who will serve as a point of contact, to help assure that all mentees are in attendance for each monthly group mentoring session
- Assure all mentees completes an application and obtains parental permission forms as well as attends initial orientation
- Send an introduction letter (from SHIELD) to parents, in addition to the referral package SHIELD provides
- Advise on the mentoring needs of participating mentees
- Cooperate to the fullest extent possible with SHIELD Mentor Program



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Partner Site Application

Contact Information

Partner Site: _____

Contact Name: _____

Email: _____

Phone: _____ Fax: _____

Meeting Location Address: _____

City: _____ State: _____ Zip Code: _____

Group Mentoring Session Schedule

I would like our Partner Site to meet on:

____ 1st _____ Fridays (6:30 PM – 8:30 PM)
____ 2nd
____ 3rd _____ Saturdays (10:00 AM – 12:00 PM)
____ 4th

Other (see note below): _____

Note: Contact us, if your Partner Site requires more frequent or different meeting times.

Confidentiality Agreement

The below mentioned partners and its agents, program participants, representatives and employees will hold in trust all information pertaining to each participating organization/school/church and/or its participants and will not disclose or reveal any confidential information to any third party without the express written consent of the other partner, except in cooperation with law enforcement investigations in compliance with local and state laws and statutes.

This partnership remains in effect for one year from the date of signature, and is to be reviewed annually for renewal if agreed to by both parties.

Executive Director/Principal/Pastor Signature (Partner Site)

Date