CLARK COUNTY MENTORING QUESTIONNAIRE

This questionnaire is part of a project coordinated by UNLV Public Administration Graduate students to help determine what effective mentoring programs consist of, as well as how to improve upon all mentoring programs and services in Clark County.

Please answer all questions as thoroughly as possible to help ensure effective data collection and organization.

1. ORGANIZATION/AGENCY NAME __________________________________________________________

2. ORGANIZATION CURRENT FUNDING SOURCE (Please check all that apply):
   FEDERAL GRANT ________%    STATE GRANT ________%    REGIONAL GRANT ________%
   PRIVATE DONATION (ONE SOURCE) ________%   (MULTIPLE SOURCES) ________%
   NOT FOR PROFIT ________%

3. CURRENT STAFF COUNT: PROFESSIONAL______________ VOLUNTEER____________

4. DOES YOUR ORGANIZATION PROVIDE MENTORING? YES / NO (If NO proceed to question 11)

5. HOW LONG HAS YOUR ORGANIZATION PROVIDED MENTORING? ____________ YEARS

6. HOW MANY MENTORS DOES YOUR ORGANIZATION HAVE?
   EXISTING_________________ DESIRED_________________

7. DOES YOUR ORGANIZATION REQUIRE BACKGROUND CHECKS FOR MENTORS? YES / NO

8. DOES YOUR ORGANIZATION REQUIRE MENTOR TRAINING OR CERTIFICATION? YES / NO

9. WHAT IS THE DEMOGRAPHIC OF YOUR MENTORING? (Please check all that apply)
   PRE-TEEN: 12 YOUNGER    HIGHSCHOOL: 13-18 YRS
   POST HIGH SCHOOL/GED    ADULT JOB SKILLS/FINDING

10. WHAT TYPES OF MENTORING PROGRAMS DO YOU PROVIDE?
    ____________________________________________________________________________
    ____________________________________________________________________________
    ____________________________________________________________________________

11. IF YOUR ORGANIZATION DOES NOT CURRENTLY PROVIDE MENTORING, DOES IT WISH TO PROVIDE THIS SERVICE IN THE FUTURE?
    YES / NO
12. WHAT TYPE(S) OF MENTORING PROGRAMS WOULD YOU LIKE TO PROVIDE IN THE FUTURE?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

13. WHAT OTHER SERVICES DOES YOUR ORGANIZATION PROVIDE? (TUTORING, JOB SKILLS ETC...)
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

PLEASE ANSWER THE NEXT QUESTIONS HONESTLY AND IN ACCORDANCE WITH YOUR ORGANIZATION’S VISION.

14. WHAT MUST ANY MENTORING PROGRAM MINIMALLY PROVIDE?
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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

15. WHAT ARE BENCHMARKS FOR EFFECTIVE MENTORING?
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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

16. WHAT MUST AN ORGANIZATION DO TO ENSURE THAT THE MENTORING PROCESS IS OPTIMAL FOR THE MENTORS AND MENTEES?
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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

17. IN WHAT WAYS CAN LOCAL MENTORING PROGRAMS OR MENTORING PROGRAMS IN GENERAL BE IMPROVED?
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________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

18. IF YOUR ORGANIZATION WERE TO RECEIVE FUNDING, WHAT ARE YOUR ORGANIZATION’S IMMEDIATE AND LONG TERM GOALS?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

- END -