

# Child Link Mentor Project

Child Link, Inc  
1100 W. Cermak Rd, Suite B404  
Chicago, IL 60608  
(312) 377-4735

**Objective:** The goal of the mentoring program is to establish a trusting relationship based upon accountability, responsibility, instruction and education between the mentor and youth.

**Purpose:** Throughout the course of the 6-week mentoring program, we expect that our mentors will offer both knowledge and experience to our youths that will encourage personal and professional growth.

## **Expectations:**

Mentors will:

- Teach the youth about a specific issue
- Coach the youth on a particular skill (i.e. problem solving, communication, creative thinking, self-esteem, motivation, goal-setting, teamwork, organizational, leadership.)
- Challenge the youth to move beyond his/her comfort zone
- Create a safe learning environment for taking risks
- Focus on the youth's total development
- Be prepared for any difficult topics or questions that may come up during the course of any given session
- Meet with his/her youth at least once a week for 6 weeks; mentor/youth interactions may continue at this point with the consent of both parties and approval from Child Link
- Meet with his/her youth in a public place (i.e. mentor's workplace, museums, libraries)
- Transport youth only with pre-approval from Child Link
- Report any incident with their youth immediately
- Formally report the progress of the relationship after each session using the attached Mentor Progress Note

## **Selecting Mentors for our Youths:**

The process for selecting each mentor/youth relationship is simple, yet thorough. Mentors will be required to complete Child Link's Volunteer packet, which includes questions about many aspects of the mentor's interests as well as consent to run a background check. (Please also submit a copy of a current driver's license, along with insurance information with your application.) Once everything has cleared, Child Link will begin matching mentors with the interested youths in our program based upon the recommendations of supervisory employees who possess a personal relationship with the youths.

Once this process is complete, mentors will be given the profile of the selected youth in order to determine compatibility along with topics of discussion and instruction. An initial meeting between the mentor and youth will take place in a neutral environment to ensure compatibility on both ends. If this initial meeting goes well and both parties agree the pairing is a good match, mentoring sessions will commence.

## **Youth-in-college:**

Child Link would also like to institute a phone mentor program for our youth-in-college who are unable to meet on a regular basis due to the fact that they are away at school. Many of these youth would benefit from a conversation or two each week in order to share their experiences and talk out any problems they may be having. The expectations of the mentor are the same as those outlined above, along with the hope that if the mentor is able, he/she would send a small care package or two to their youth during the course of their phone relationship. Many of these youth also have nowhere to go for the holidays, so please also keep this need in mind as you talk with them.

## MENTOR PROGRESS NOTE

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Name of Mentor: \_\_\_\_\_

Date of Contact: \_\_\_\_/\_\_\_\_/\_\_\_\_ Duration: \_\_\_\_\_ Location: \_\_\_\_\_

Today's Objective: \_\_\_\_\_

\_\_\_\_\_

Please provide a short description of today's session (i.e. discussion topics, events, activities):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did today's activities or interactions compare with those in past sessions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and Time of Next Session: \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_\_ am / pm

# Volunteer Application

With This Application, Please Submit a Valid Driver's License,  
Along With Your Most Current Insurance Information

Child Link, Inc  
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How Did You Hear About Child Link?

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What Type of Volunteer Opportunities Are You Interested In?

Mentoring     Office Help     Fundraising     Special Events

Please List Any Languages That You Speak, Read, Or Write In Addition To English:

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Please List Any Other Organizations You Have Volunteer With:

Organization Name: \_\_\_\_\_

Describe Volunteer Work Below:

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Organization Name: \_\_\_\_\_

Describe Volunteer Work Below:

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Please Describe Any Work Experience You Think Might Be Relative To Our Program:

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Do You Have Any Special Talents or Hobbies?

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What Age Group(s) Do You Enjoy Working With Most? (*You May Check More Than One*)

- Infants (ages 0-1)     Tots (ages 2-4)     Youth (ages 6-12)  
 Teens (ages 13-18)     Young Adults (ages 19-21)  
 Female     Male

What Day(s) and Time(s) During The Week Are You Available To Volunteer?

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Do You Have Access To A Vehicle?     Yes     No

Please List 3 Non-Family References:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_