

***(Every month, try to approach one person about becoming a mentor!)**

MONTHLY LOG SHARE MENTORING PROGRAM

Mentor's Name: _____ **Month** _____ **2009**
Mentee's Name: _____

THIS MONTH'S ACTIVITIES (Please include phone contacts)

1. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

2. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

3. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

QUESTIONS FOR THE RECORDS

How many phone or personal contacts have you made with your mentee? _____

Has your mentee become a parent in the past month? Yes No

*Did you approach anyone about becoming a mentor this month? Yes No

*If yes, please provide name and phone number: _____

Do you have any excursion suggestions for the advisory board? _____

Do you have any training/meeting suggestions for the program?

SUGGESTIONS? QUESTIONS? COMMENTS? CONCERNS? TELL US HOW YOU'RE DOING!

For any questions or comments, please call Cesar Monsalve at 357-7931 ext. 203.
Please return this form to Duarte City Hall – Share Mentoring Program at 1600 E. Huntington Drive,
Duarte, CA 91010.

4. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

5. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

6. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

7. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

8. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

9. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

10. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

11. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____

12. Activity: _____
Activity Date: _____ Time: _____ Total Hours: _____
Comments: _____
