

## PARTNER ORGANIZATION AGREEMENT & APPLICATION

### 1) INTRODUCTION

- a) Thank you for your interest in the work of the **BEN-E-LECT Foundation**. We are excited about the possibility of you partnering with us in an investment that will profoundly affect the course of another person's life.

### 2) WHAT WE ARE ATTEMPTING TO ACCOMPLISH WITH OUR MENTORS

- a) Research has shown, and we firmly believe, that purposeful Mentoring can take years or even decades off the time it will take these adults to live up to their potential and realize their dreams.
- b) Working in close conjunction with our Mentors, the **BEN-E-LECT Foundation** seeks to provide your Mentees with the resources, opportunities, and support they need to help them realize their full potential in life.
- c) We strongly prefer to work with successful, established organizations run by effective and compassionate leaders who value strong character and sacrificial service.
- d) Our desire is that these leaders will work diligently to determine the strengths and weaknesses of their Mentees and then use that knowledge to help us achieve maximum growth and fulfillment in the relationship.
- e) Key to inclusion in the program is an organizations willingness to commit a contact for the Foundation to stay in touch in order to be aware of the on-going development and well-being of the Mentee/Mentor relationship.

### 3) RESPONSIBILITIES OF THE FOUNDATION DURING THE INTERNSHIP

- a) We will recruit, train and provide ongoing training to Mentors for your organization.
- b) contact both your Intern and your company's Intern Mentor at least twice a month for the purposes of support, encouragement, and evaluation.
- c) We will conduct mandatory Peer Support sessions for the Mentor each month.
- d) We will be available for mediation should any disputes arise between the Mentor and your Mentee.
- e) We will conduct exit interviews and evaluations at the conclusion of the relationship.

### 4) RESPONSIBILITIES OF THE HOST BUSINESS DURING THE INTERNSHIP

- a) We ask that you provide a Mentee who is willing and voluntarily requested to be a part of the Mentoring program.
- b) We ask that you provide a staff member who will serve as a contact for our Program Coordinator.
- c) We ask that you provide / allow time for the Mentor to meet with your Mentee at least once a week.
- d) We ask that you maintain open lines of communication with us regarding your Mentee.
- e) We ask that you contact us immediately should any challenges arise between you and your Mentee.

I have carefully read this **FOUNDATION/HOST BUSINESS AGREEMENT** and concur with its terms and conditions.

**Host Business Representative:**

Signature: \_\_\_\_\_

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

**Foundation Representative:**

Signature: \_\_\_\_\_

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

**Partner Organization Information**



Organization name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_

Year organization was established: \_\_\_\_\_ Type of population served: \_\_\_\_\_

Average number of residents/participants in your program: \_\_\_\_\_

How do you feel the Foundation can help your organization further it's mission?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I understand that Mentees must be over 18.
- I understand that the Mentee cannot have severe mental illness as that is beyond the scope of what the mentor is equipped to handle.
- I understand that Mentees cannot have a history of violent crime which may put our Mentor at risk.
- I understand that as a Partner Organization I must be actively engaged and involved in the program.
- I understand that as a Partner Organization, I will manage the Mentee and the Foundation will manage the Mentor. Any exceptions to this will be discussed and agreed upon by both the Foundation and our Organization.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT NAME

**PERTINENT INFORMATION FOR THE MENTOR**



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

Program Description:

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The below information will help our Mentor study specific topics in preparation for his/her meeting.

Mentee background may include:

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|--|--|---|
| <input type="checkbox"/> Incarceration (non-violent) | <input type="checkbox"/> Past drug use         | <input type="checkbox"/> Past alcohol abuse |
| <input type="checkbox"/> Homelessness                | <input type="checkbox"/> Domestic violence     | <input type="checkbox"/> Other abuse        |
| <input type="checkbox"/> Eating disorder             | <input type="checkbox"/> Self-harm, mutilation | <input type="checkbox"/> Gang involvement   |
| <input type="checkbox"/> Other: _____                |  |   |

Mentor requirements:

What dress code is acceptable for the Mentor while on premises?

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Are there specific items / colors the Mentor should avoid wearing?

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Are there specific time frames the Mentor will be able to meet with the Mentee or is it open?

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Is there a specific faith requirement? If yes, please describe:

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Additional tips for the Mentor when working with your population:

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