

E. MENTORSHIPS

Overview

A mentor is someone who, along with parents, provides young people with support, counsel, friendship, reinforcement, and constructive example. Mentors are good listeners, people who care, people who want to help young people bring out the strengths that are already there.

The student is mentored by a worker (employer) in consultation with classroom teachers and counselors to provide instruction and guidance in a specific career skills and appropriate workplace behaviors. The mentor's role is guidance and introduction, aiding the student in identifying his/her areas of interest, educational requirements, work skill acquisition, etc. The school connection is in working with guidance counselors to identify courses which lead the student toward his/her professed goals.

Mentorship experiences provide opportunities for developing one-on-one relationships between students and professionals in the career fields they are exploring. Through the mentor/student relationship, students learn specific information about the world of work and develop skills related to the mentor's career field. Mentorships offer professionals a chance to make direct contact and share their insights and experiences with young people.

This educational experience can occur at the school site or work site. It is important that the experience is tied to the classroom by curriculum which coordinates and integrates school site instruction with work site experiences. A mentorship is a formal relationship, as opposed to visits, between a student and a work site role model who provides support and encouragement to the student. A mentor helps students become accustomed to the rules, norms, and expectations of the workplace, and can provide career insight and guidance based on personal career experience. A mentor serves as a resource to students, helping them resolve personal problems and work-related issues and conflicts.

- Commitment varies from one hour to several days per month
- Criminal background and character reference checks on all adult mentors
- Provides a learning activity (non-paid), not an actual job
- Provides youth with an adult who will serve as an advisor and coach
- May provide career insights and how basic skills relate to success
- School assists in matching students with adult mentors

Evaluation. Mentor periodically completes a written evaluation. School personnel typically remain in close contact with the mentor on a regular basis.

Legal Issues. All state and federal child labor laws must be followed for learners under the age of 18. These requirements are defined in this manual, *Part IX - Nebraska Work Based Learning Legal Issues Guide*.

Insurance. The following insurance considerations should be understood by parents, school administrators and employers:

- *Health/Life Insurance* - provided by student's family; however, employers are responsible for offering coverage for students in paid work site learning experiences if similarly classified employees are eligible for these benefits.
- *Automobile Accident Insurance* - provided by the student/parent (for travel to and from activities) unless transportation is provided by the district.
- *Accident/Liability Insurance* - Insurance for personal injury or property damage should be carried by the employer, school district, and family. Additional liability (malpractice) insurance may be advisable in the health care field.
- *Worker's Compensation* - Students participating in paid work site experiences are covered by worker's compensation and may be covered by the school district's policy or the employer. Students participating in non-paid work site experiences are not covered by worker's compensation, but if injured at the work site may be covered by the school district or businesses's liability insurance and/or their family insurance.
- *Medical Treatment Waiver.* Parents sign a waiver for student's participation in a work site learning experience.

Sources of Funding. Possible sources of funding for mentoring activities include: local schools, the Nebraska Department of Education, Career and Technical Education, Tech Prep, School-to-Careers, Educational Service Units, local business and industry partner, etc.

Time Commitment. Career or personal mentoring is typically a short-term (from one week up to one school year) and can begin as early as the 5th grade. The commitment is usually up to five hours per week for approximately one year.

Training Agreement /Training Plan. Informal and formal agreements may be used. School district personnel need to have parents complete forms that ensure a safe, successful student experience. Clear agreements among the mentor, school/teacher and/or parent is reached, but may or may not be formally signed by all parties.

Transportation. Students and parents should provide transportation. In some cases, the school or school district may make transportation arrangements.

Wages. Mentorships are generally unpaid.

Setting Up a Mentorship Experience	
1. Identifying Potential Mentors	The first step in setting up a mentoring experience is finding individuals who are willing to take on the responsibility of mentoring a student. Many districts mail interest forms to different organizations within the community to establish a pool of possible mentors. Students may also identify possible mentors on their own. For more detailed information on this subject, see the <i>Marketing and Work Site Development Guide</i> , Part III of this manual.
2. Background Checks	Because of the personal nature of the mentor/student relationship, it is necessary to take precautions to ensure student safety. The school must complete a criminal background and character reference check on each mentor prior to placing a student.
3. Placing Students	In most cases, the school arranges student placement in mentorship experiences. Connecting students with mentors they will be comfortable working with can be difficult. One possible approach is to give the student and potential mentor an opportunity to meet and "interview" one another prior to placement. Doing this gives both parties a chance to identify potential problems before a commitment is made. Invite parents to meet with and approve of potential mentors, as well. Some districts sponsor activities at the outset of the mentorship experience in which students and mentors have a chance to get to know one another. Retreats or other activities can serve this purpose well. A one-month trial period may also be valuable when establishing mentoring relationships. Students and mentors may be asked to evaluate the experience at the end of the first month to make sure that both parties are interested in continuing their relationship.
4. Arranging Schedules	The mentor and student should arrange a meeting schedule that is convenient for both of them. Meetings should take place in public settings or visible business settings for the safety of both mentor and student. It is best if the meeting time is the same each week, though some mentors' schedules may make this difficult. Two or three hours per week of meeting time is the standard arrangement.
5. Confirming Plans	Students should contact the mentor to confirm arrangements and answer any questions about the program.

Setting Up a Mentorship Experience

Setting Up a Mentorship Experience

6. Preparing Mentors

Mentors must be thoroughly prepared for the monitoring experience. Make sure they are aware of everything they are expected to do. Many districts prepare a handbook for mentors which contains a combination of the following:

- **An overview of legal responsibilities.** There are many legal issues that mentors need to be aware of, including discrimination and sexual harassment laws. Make sure that mentors understand their legal responsibilities and potential liabilities in advance.
- **Instructions for working with young people.** Many professionals are unaccustomed to the unique challenges of communicating and working with young people. Remind mentors that they will be faced with student attitudes and expectations that may seem unrealistic in the workplace. Encourage mentors to provide as many active learning experiences as possible.
- **Activity suggestions.** Remind mentors that the purpose of the relationship is to provide students with career-related guidance. Encourage mentors to allow students to participate in as many work related activities as possible, especially those activities which offer an opportunity to develop workplace skills.
- **Checklist.** Mentors will probably find a checklist very useful. Checklist items might include: arranging meeting times, planning with program coordinator to insure that academic requirements are met, signing mentorship agreements, arranging student work space as appropriate, and preparing information for students about company policies and procedures.
- **Copies of student questions.** Help mentors to be better prepared by letting them know what kinds of questions students will be asking.
- **Evaluation materials.** Employer response to the mentorship program is essential for maintaining a successful operation. Provide employers with forms on which they can evaluate student participation, as well as the program itself.
- **Responsibilities of a career mentor.**
 - Honor the time commitment you have made to the student by being consistent and available.
 - Foster a positive work related relationship with the student.
 - Work with the student to encourage and advance educational goals.
 - Expose the student to the world of work and the importance of work related skills needed for success.
 - Demonstrate the relevance of the following values: Reliability, Teamwork, Attendance, Responsibility, Loyalty, Work Ethic
 - Be non-judgmental and accepting of other lifestyles, cultures, socio-economic status, religious affiliations, etc.

Setting Up a Mentorship Experience

7. Preparing Students

Students need to be thoroughly prepared before embarking on a mentorship experience. In addition to classroom preparation that focuses on career research and exploration, there are practical concerns to be addressed as well. Many districts provide students with a mentorship packet that contains a combination of the following:

- **Mentorship agreements.** These agreements outline the responsibilities of both the mentor and the student, as well as the purpose of and academic expectations for the mentorship experience. The forms should be signed by the student, the mentor, and the program coordinator. Parent/guardian signature may be needed for minor students.
- **Outline of dress and behavior expectations.** While the classroom preparation for career exploration activities usually covers this information, it never hurts to reinforce the message that dress and behavior standards in the workplace are different than those at school. Remind students that they are representing the program and the school, as well as themselves. The coordinator should be aware of the dress code at each work site and discuss appropriate attire with students. Students should also be informed about sexual harassment issues.
- **Goals/Objectives worksheet.** Students should be encouraged to develop a list of goals or objectives for the mentorship experience. The list should include skills the student wants to acquire and concepts the student needs to understand. Goals and objectives can also relate to classroom work which will enrich the mentorship experience.
- **Checklist.** Give students a checklist which includes everything they need to do to prepare for the mentorship experiences. Preparing objectives, arranging schedules and transportation (if necessary) and doing background research are all possible checklist items.
- **Evaluation materials.** Ask students to evaluate their mentorship experiences. Evaluations can also be included as part of a follow up activity in which students write or talk about their experiences.

Connecting the Classroom to the Work Site

It is important to make the mentorship experience meaningful by connecting it to classroom learning. Connecting activities can take many forms, and should take place at all stages of the mentorship experience.

Pre-Experience Activities

- Students research the general career fields and specific organizations in which their mentors work
- Students write about their preconceptions and expectations related to the organization in which their experiences will take place
- Students prepare questions to ask their mentors based on their research and writing
- Students and teachers discuss professional standards for behavior and dress
- Teachers emphasize practical applications of the concepts they teach in class

On-Site Activities

- Students ask mentors about the ways in which different academic subjects relate to the work they do
- Students observe practical applications of academic concepts

Post-Experience Activities

- Students write about the differences between their expectations and the realities of the workplace
- Students and teachers discuss the connections they see between classroom learning and the workplace
- Students continue their career research in light of what they have learned during the mentorship experience

Nebraska Success Stories

TEAMMATES MENTORING PROGRAM

Description. TeamMates is a school based program in the Lincoln Public Schools that pairs individual volunteers or volunteers from local businesses and community organizations with selected students on a one-to-one basis. The adult TeamMate serves as a positive role model for students needing an additional responsible adult's attention. The adult TeamMate agrees to have regular, weekly contact with the youth TeamMate. Adult TeamMates genuinely like and respect youth and are willing to make a sustained personal commitment to their student. When successful pairings occur, some differences emerge. In successful one-to-one mentoring relationships, it is found that mentors identify the youths' interests and take them seriously, allow the young people to take the lead in establishing trust, offer regular assurance, and view their role as being there to give. Initially, the relationship might be one-directional. The adult TeamMate needs to be patient in developing a trusting relationship.

“Our young people face different challenges today. Issues that our young people face happen to them personally. If we are going to make a difference, we have to get involved with them personally as one-to-one mentors.”

- Coach Tom and Nancy Osborne

Program Areas. All

Grade Level. All

Contact: VIP/STW, 6800 Monterey Drive, Lincoln, NE 68506, (402) 436-1950.

Sample Forms for Mentorship

TITLE	DESCRIPTION	PAGE #
WBL Training Agreement	Agreement signed by the student, parents, school coordinator, and employer that spells out the responsibilities of all parties.	115
Insurance and Emergency Information	Insurance, medical, and family information for student.	116
Mentoring Training Plan	Describes the student competencies resulting from the mentoring experience.	117
One-to-One Mentoring Application	Application form to be completed and signed by adults interested in participating in the mentoring program.	118
Adult Mentor Agreement	Agreement signed by the adult mentor that states the commitment of the mentor and asks the mentor to verify that he/she has not been convicted of a felony, misdemeanor, public indecency or possession of a controlled substance in the past 10 years.	119
Teacher/Staff Request for a Student to Participate in Mentoring Program	A form for teachers/staff to use in referring a student for participation in the mentoring program.	120
Student Profile	The student profile provides information regarding a students personal and career interests.	121
Parent Permission Form	Letter to parents asking permission for their son/daughter to participate in the mentoring program.	122

SAMPLE

**WORK BASED LEARNING (WBL)
TRAINING AGREEMENT**

Student Name: _____ Telephone: _____

Street: _____ Date of Birth: _____ Social Security #: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ Address _____ State: _____ Zip: _____

Employer Name: _____ Telephone: _____

Employer Address: _____

Days per Week: _____ Hours per Day: _____ Hours _____ A.M. and _____ P.M.

School Name: _____ School Location: _____

Career Cluster: _____ Training/Occupation Title: _____

Work based Learning Activity: (Check all that apply)

- | | | |
|----------------------------------------------------|-----------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Youth Apprenticeship | <input type="checkbox"/> Field Trip | <input type="checkbox"/> Service Learning Projects |
| <input type="checkbox"/> Preapprenticeship | <input type="checkbox"/> Internship/Practicum | <input type="checkbox"/> WECEP |
| <input type="checkbox"/> Registered Apprenticeship | <input type="checkbox"/> Job Shadowing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Clinical Work Experience | <input type="checkbox"/> Mentorship | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cooperative Education | <input type="checkbox"/> Part Time Work | <input type="checkbox"/> Other _____ |

EMPLOYER'S RESPONSIBILITIES. The employer agrees to place the student learner in the activity specified above for the purpose of providing occupational experience of instructional value. The activity will be under the supervision of a qualified supervisor and will be performed under safe and hazard free conditions. The student learner will receive the same consideration given employees with regard to safety, health, social security, general work conditions and other policies and procedures of the firm. Safety instruction will be coordinated by the school and correlated by the employer. The employer will adhere to all State and Federal Regulations regarding employment, child labor laws and minimum wages, and will not discriminate in employment policies, educational programs or activities for reasons of race, sex, color, religion, national origin, marital status, age or handicap. The student learner will not displace a regular worker.

WBL COORDINATOR'S RESPONSIBILITIES. The WBL coordinator agrees to work with the employer in developing a written training plan that includes progressive work processes to be performed on the job. The coordinator will visit each student learner at the training station and continue a close working relationship with the person to whom the student learner is responsible while on the job. The coordinator shall attempt to resolve any complaints through the cooperative efforts of all parties concerned. The coordinator will meet with each student learner's parent and/or guardian prior to placement and during the school year. The local education office and employer will keep each student learner's Training Agreement on file for three (3) years.

PARENT'S/GUARDIAN'S RESPONSIBILITIES. Parent and/or guardian agree for the student to participate in a WBL course of study provided by the public schools.

STUDENT'S RESPONSIBILITIES. The student learner is enrolled in a WBL course of study and agrees to follow rules and guidelines established by the school, employer and WBL coordinator with regard to hours of work, school attendance and reporting procedures.

HAZARDOUS OCCUPATIONS EXCEPTION. Will the student be involved in a hazardous occupation as defined under the Federal Child Labor guidelines? _____ YES _____ NO (If yes, the **Student Learner Exemption Agreement** must be completed.)

Parents agree to arrange transportation for their child to and from the work site. By signing this form they are giving permission for their child to receive emergency medical treatment in case of injury or illness. They also understand that school personnel will not be present when the student is at the site and will not be responsible for their child. All signatories agree to comply with the responsibilities specified in the training agreement.

Student Date _____ WBL Coordinator Date _____

Parent or Guardian Date _____ Employer Date _____

Employer's Insurance Carrier Carrier's Contact Person

SAMPLE

**WORK BASED LEARNING (WBL)
INSURANCE AND EMERGENCY INFORMATION**

PERSONAL DATA

Student's Name _____ Birth Date _____
Student's Home Address _____ City _____ State _____ Zip _____
Student's Social Security Number _____ Home Phone _____
School Name _____ Address _____ Phone _____

INSURANCE COVERAGE

<u>Insurance Coverage</u>	<u>Yes/No</u>	<u>Family</u>	<u>School</u>	<u>Employer</u>
Liability and/or Bonding	_____	_____	_____	_____
Workers' Compensation	_____	_____	_____	_____
Health/Accident	_____	_____	_____	_____

Name of H/A Ins. Co. _____ Insured _____ Policy # _____

NOTE: Please identify who is providing coverage by placing an (X) in the appropriate box.

STUDENT MEDICAL INFORMATION

List medical information about the student that would be helpful in case of an emergency.

Allergic to medications? _____ YES _____ NO

If yes, what medications? _____

List any allergies or other medical problems of the student. _____

FAMILY INFORMATION

Parent/Guardian Name _____ Work Phone _____

Work Name/Address _____

Parent/Guardian Name _____ Work Phone _____

Work Name/Address _____

Parent/Guardian Home Address _____ Home Phone _____

Emergency Contact _____ Phone _____

SIGNATURES

I consent for my child to receive emergency medical treatment in case of injury or illness. The information provided is accurate to the best of my knowledge.

Parent/Guardian's Signature _____ Date _____

Student's Signature _____ Date _____

Note: This form should be kept on file at school. If the student is participating in a WBL activity, a copy should also be on file at the work site

SAMPLE

**Mentorship
TRAINING PLAN**

Student Name _____ Social Security # _____ Age _____

Home Address _____ Home Phone _____ Birth Date _____

Student's Career Objective _____

Work Based Learning Coordinator _____ Phone _____

School/Address _____

COMPETENCIES TO BE DEVELOPED
(List competencies the student will need to complete.)

COMPETENCY	Date of Evaluation
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SIGNATURES

Instructor's Signature _____ Date _____

Student's Signature _____ Date _____

NOTE: It is the policy of the school district that no person on the basis of race, color, religion, national origin or ancestry, age, sex, marital status, handicap, or disadvantage should be discriminated against, excluded from participation in, denied the benefits of or otherwise be subjected to discrimination in any program or activity.

SAMPLE

Mentorship
ONE-TO-ONE MENTORING APPLICATION

(adapted from Lincoln Public Schools TeamMates Program)

NAME _____
ADDRESS _____
HOME PHONE _____ WORK PHONE _____
YEARS OF POSTSECONDARY TRAINING _____ EMPLOYER/OCCUPATION _____

Preference of Day

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Any day

Preference of Time

- Morning
- Noon-hour
- Afternoon
- Anytime

Preference of School

**Preference to volunteer
individually or pair up with
another volunteer?**

- Individually
- Pair Up

Please write a brief statement as to why you wish to be a mentor. _____

Describe any special interests or experiences that may be helpful in matching you and your student (for example:
stamp collecting, roller skating, needlepoint, computers, music, lived n Japan for four years, etc.) _____

Other areas you have a special interest in: _____

Present or past volunteer experiences: _____

Physical limitations or difficulties the youth mentee or school contact should be aware of: _____

Other information you wish to share that will help match you with a student: _____

EMERGENCY CONTACT

Name _____ Phone number _____
Allergies _____ Medical conditions _____
Hospital preference in case of an emergency _____

PLEASE LIST 3 REFERENCES

Name	Address	City/State/Zip	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please return this form to : _____

SAMPLE

Mentorship
ADULT MENTOR'S AGREEMENT
(adapted from Lincoln Public Schools TeamMates Program)

I _____ (*fill in your name, please*) understand that the Mentoring Program involves spending time weekly at the assigned school with my youth mentee during the school year. I will be committed to one year in the program and will then have the opportunity to renew for another year. I have not been convicted within the past 10 years of any felony or misdemeanor classified as an offense against a person or family of public indecency or a violation involving a state or federally controlled substance. I am not under current indictment. I also agree to the following:

- ◆ to actively participate in a training session before beginning.
- ◆ to be on time for scheduled meetings.
- ◆ to sign in on the volunteer registration sheet at the school prior to each visit.
- ◆ to notify the school office if I am unable to keep my regularly scheduled meeting with my youth mentee.
- ◆ to engage in the one-to-one mentoring relationship with an open mind.
- ◆ to accept assistance from the student's teacher and Mentoring Program facilitator.
- ◆ to keep discussions with the student confidential, except to inform the teacher or volunteer facilitator about situations that negatively effect the student's health or welfare.
- ◆ to ask school contact when I need assistance or do not understand something.
- ◆ to notify the volunteer facilitator of any changes in my employment, address and telephone number.
- ◆ to notify the volunteer facilitator of any problems or difficulties with the relationship.

Signature

Date

Please return this form to: _____

SAMPLE

Mentorship

TEACHER/STAFF REQUEST FOR A STUDENT TO PARTICIPATE IN THE MENTORING PROGRAM

(adapted from Lincoln Public Schools TeamMates Program)

Staff Person Making Request _____

School _____

Name of Student _____

Student's personal interest/hobbies _____

Reasons why this student would benefit from the services of an Adult Mentor _____

List below some specific strategies the Adult Mentor might use to assist this student's (e.g., talking, reading, listening,

playing chess, etc.) _____

Additional comments: _____

Please return this form to: _____

Date _____

SAMPLE

**Mentorship
STUDENT PROFILE**

(adapted from Lincoln Public Schools TeamMates Program)

Name _____ Nickname (if any) _____

Age _____ School _____ Grade _____ Teacher _____

Parent/Guardian _____

Home Address _____

Home Phone _____ Work Phone _____

List names and ages of your brother(s)/sister(s):

Name	Age
_____	_____
_____	_____

What are your hobbies or interests?

What are your favorite "free time" activities?

What is your favorite schools subject? _____

What is your least favorite school subject? _____

What subjects could you use help in? _____

What is your favorite TV program? _____

What kind of music do you enjoy? _____

List books or magazines you read regularly? _____

What are your plans after high school? _____

Could you use help in planning for your college or career? Yes No

SAMPLE

Mentorship
PARENT PERMISSION FORM
(adapted from Lincoln Public Schools TeamMates Program)

Dear Parent/Guardian:

Your student has been selected to participate in the Mentoring Program which matches a volunteer from the community with a student to serve as a one-to-one Adult Team Mentor. An Adult Mentor is anyone who serves as a model, friend, champion, coach or guide. A mentor will take a personal interest in the growth and development of your student.

The Adult Mentor will meet with your son/daughter once a week during school hours. You will be notified of all group meetings. They may also have contact with your student by phone or mail.

We hope that you will agree to have your student become a part of the program and that you will offer active support and encouragement to make this a successful experience for them. Please share this letter with your student.

If you have nay questions, please call the school.

.....

_____ Has my permission to join the Mentoring Program.

Parent/Guardian's signature

Home Phone

Work Phone

Please return form to:

Program Facilitator

Phone

Address

City/State/Zip

