



The Connecticut
Mentoring Partnership

MENTORING ADVOCATE BENEFITS

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

As a Mentoring Advocate I would like to receive the following benefit as a thank you for my efforts.

(Please select one)

- Attend a free training seminar

- Receive a free My Mentor and Me Guide
(please circle one: Elementary School, Middle School, High School)

- A free mentor training session

- An on-site personalized consultation to strengthen my mentoring program

- My name listed on the CMP website