

MENTORING ADVOCATE COMMITMENT

Name: _____

Organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

As a Mentoring Advocate, I am committed to helping more children have a mentor and to assuring the safety and effectiveness of mentoring programs.

If I operate a mentoring program, I agree to follow the Elements of Effective Practice and meet Connecticut Mentoring Quality Standards.

As a Mentoring Advocate I agree to promote mentoring to local, state and federal elected officials through the following actions

- I agree to contact my elected officials at least twice annually to raise their awareness of mentoring as an effective youth development strategy
- I agree to contact my elected officials when requested by the Connecticut Mentoring Partnership and/or MENTOR/National Mentoring Partnership to ask for their support on specific bills, policies or funding proposals that would advance the field of youth mentoring
- I agree to sign on to the MENTOR/National Mentoring Partnership Action Network (via the www.mentoring.org web-site) to be kept informed on federal/national mentoring developments
- I agree to notify the Connecticut Mentoring Partnership and/or MENTOR/The National Mentoring Partnership if I become aware of an opportunity to promote mentoring to local, state and federal officials
- I am also willing to do the following:

- Write a letter to the editor or an op-ed to promote the value of mentoring
- Testify at a legislative hearing
- Invite a legislator to visit my mentoring program or a mentoring program in my community
- Other: _____

Signature: _____ Date: _____