

REACH OUR YOUTH (ROY) MENTEE MONTHLY REPORT

{CONFIDENTIAL}

Month: _____ Name of volunteer: _____ Name of youth: _____

| Dates of contact | Duration of Activity (How many hours) | Activities: Describe briefly what you did during each visit with mentor. |
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COMMENTS AND SUGGESTIONS:

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CHALLENGES: Did you encounter any difficult situations with your mentor?

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Please mail, fax, e-mail, or telephone in your report at the end of each month. Volunteers are advised to limit spending on the mentee. Contact the director if you have questions or problems. Your input and suggestions for group activities, recruitment of volunteers, and improvement of ROY is appreciated. Please use additional paper for comments, if necessary.

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 {Please mail to: Reach Our Youth, Huron County Common Pleas Court, 2 E. Main St., Rm. 102, Norwalk, OH 44857.}