

Community Action Partnership of Riverside County
Riverside County Mentor Collaborative (RCMC)
 Mentor Agency Quarterly Survey

Agency Name: _____

City: _____

Contact Person: _____

Telephone #: _____

OPTIONAL: Please Include a Mentor Success Story or anecdote for each quarter report provided.

(B) Black/Not Hispanic, (W) White/Not Hispanic, (H) Hispanic Origin, (N) Native American, (A) Asian, (O) Other Ethnicity/Race

Survey Questions	2008						2008						2008					
Total number of mentor hours recorded for report period																		
Number of mentors:																		
Number of protégés:																		
Number of mentor / protégé matches:																		
Mentor Ethnicity:	B	W	H	N	A	O	B	W	H	N	A	O	B	W	H	N	A	O
Mentor Gender:	# Female			# Male			# Female			# Male			# Female			# Male		
Protégé Ethnicity:	B	W	H	N	A	O	B	W	H	N	A	O	B	W	H	N	A	O
Protégé Gender:	# Female			# Male			# Female			# Male			# Female			# Male		

Instructions: Please complete survey on a quarterly basis and email or fax to RCMC, Attention: Lyn Garcia, Program Coordinator.
LYngarci@riversidedpss.org . For further information call 951-955-4900.