



New Jersey AmeriCorps Bonner Leader Program

Mentoring Activity Report

Reporting Period (Circle One)

Q1: 09/01/2010 - 12/31/2010

Q2: 01/01/2011 - 03/31/2011

Q3: 04/01/2011 - 06/30/2011

Q4: 07/01/2011 - 08/31/2011

Campus: _____

Community Partner: _____

Please list the names of New Jersey AmeriCorps Members involved with this Mentoring Program.

Number of youth mentored: _____

Please attach 1) a list of participating youth and/or 2) sign-in sheets to document the number of youth participating in the mentoring program. Only a first or last name is needed for privacy purposes.

Please attach a typed description of mentoring program activities.

Certification

I certify that the attached list of youth participated in our agency's mentoring program which operates in partnership with the New Jersey AmeriCorps Bonner Leader Program.

Name of Agency Site Supervisor

Signature of Agency Site Supervisor

Date