



Organization Profile

Organization Name: _____

Address: _____

Office Phone: _____

Contact Person: _____

Cell: _____ Email: _____

Organizations Mandate or Mission Statement:

Age range of clients/participants: _____

Average number of clients/participants served per month: _____

List the programs offered and their main goal:



Outline the role Retired Seniors (55+) can play under the **Mentoring Plus Strategy** to support programs and services:

Other ideas/comments/suggestions on how Retired Seniors (55+) can contribute to the success of your organization:

Organization Contact Signature: _____ Date: _____



Program Profile

(This section to be completed upon agreement to partner with the Mentoring Plus Strategy)

Provide the age range and any other relevant information of the participants receiving the Mentoring support:

What is the objective of this Mentoring Plus activity?

Outline the activities that will achieve this objective:



Outline the necessary areas of Evaluation:

Please provide any other comments/information that will benefit this project:

Organization Program Contact: _____ Date: _____

Mentoring Plus Coordinator: _____ Date: _____