

MENTOR Minnesota State of Mentoring Survey

Welcome

Thank you for agreeing to take part in MENTOR Minnesota Mentoring Survey. MENTOR Minnesota is looking for organization leaders to answer questions related to:

- 1. Your mentoring program*
- 2. Your successes, challenges, and needs*
- 3. MENTOR Minnesota's services.*

The goal of this survey is to have data that will allow us to better advocate for and with you, better speak to mentoring in Minnesota, and provide resources to help your growth.

Who should answer this survey: An organization leader such as an ED, Program Director, or informed member of your executive team. This survey can be done as a team, but we want only one survey per organization. If you operate mentoring programs at multiple sites (such as a mentoring program operating in both Minneapolis and Rochester), you will have an opportunity to share that information here. If you are a fiscal sponsor of a mentoring program please do not answer on behalf of your sponsored program (eg: a BBBS mentoring program can answer for any of their BBBS programs, but not for a separate entity that utilizes their sponsorship).

If you are an independent mentoring program within a larger nonprofit please answer the following questions as it relates to only your mentoring program (eg: YA! To CLUES or University Y to the YMCA)

To support you in answering this survey, we define the following terms:

- 1. Organization:** The nonprofit or fiscal sponsor of your program if different from your mentoring program
- 2. Mentoring Program:** A unique mentoring experience or model that includes matching young people to mentors. Your Mentoring Program may have multiple sites under the same name. If these sites utilize the same evaluations, methods, or names they should be considered the same mentoring program for the purposes of this survey.

If you have any questions while filling out the survey, please email sarah.schaefer@mentormn.org.

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Basics About Your Organization and Services

The following questions are asked to gain an understanding of the basics of your organization. For questions that can be answered with a number, please use digits instead of spelling out the number.

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* 1. What is the name of your organization?

2. Are you embedded within another organization? (If so please list, if not leave blank)

* 3. In what city is your organization located?

* 4. How many distinct mentoring programs does your organization manage?

5. Please list the names of these distinct mentoring programs. (Leave any extra boxes blank)

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**6. For each mentoring program, what is the average length of match, in months?
Please keep the order of the programs consistent with Question 5.**

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7. For each mentoring program, how many average hours a month do mentors and mentees meet? Please keep the order of the programs consistent with Questions 5 and 6.

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*** 8. In the last twelve months, how many mentees did your organization serve?**

*** 9. How many mentees does your organization currently have waitlisted?**

*** 10. Please indicate the mentoring methods your organization offers, including the estimated number of young people currently being served through each model. (leave any unused methods blank).**

One to one youth/adult	<input type="text"/>
Group mentoring	<input type="text"/>
Peer to peer mentoring	<input type="text"/>
One to one e-mentoring	<input type="text"/>
Other	<input type="text"/>

*** 11. Please estimate a rough percentage of your organization's current mentees who have the following racial or ethnic backgrounds:**

	0	10	20	30	40	50	60	70	80	90	100	Don't know
White	<input type="radio"/>											
American Indian or Alaska Native	<input type="radio"/>											
Asian	<input type="radio"/>											
Black or African American	<input type="radio"/>											
Native Hawaiian or Pacific Islander	<input type="radio"/>											
Hispanic/Latino	<input type="radio"/>											
Multiracial	<input type="radio"/>											
Not Represented	<input type="radio"/>											

*** 12. Please estimate the percentage of mentors and mentees within your organization who are people of color.**

0 100

*** 13. Please estimate the percentage of mentees and mentors who are matched with a focus on their ethnicities.**

0 100



*** 14. Please estimate the percentage of your organization's current mentees who qualify for free and reduced meals.**

0 100



*** 15. Is your organization specifically tailored for subgroups? (Check all that apply)**

- LGBTQ+
- Boys and young men of color
- Girls and young women of color
- STEAM Mentoring
- Students
- Employees
- College or peer based mentoring
- Youth involved with Juvenile Justice system
- Youth with mental health challenges
- Youth with substance misuse challenges
- Low academic performers
- High academic performers
- Youth transitioning into higher education
- Victims of violence
- Immigrant and refugee youth
- High barrier youth
- None of the above
- Other (please specify)

*** 16. Which of the following best describes the number of mentees served by your organization over the past year?**

- The number has increased
- There has been a steady amount
- The number has decreased

*** 17. How many full-time equivalent staff positions does your organization have right now? This number can include decimals (ex: one full-time staff member would be valued as 1, a part-time worker would be valued as .5)**

*** 18. How many total mentors (full-time and substitute) does your organization have right now?**

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Organization Strengths and Challenges

The following questions are asked to gain an understanding of the strengths and challenges of your organization.

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*** 19. How effective do you feel your organization is at the following?**

	Not Effective	Somewhat Effective	Effective	Very Effective	N/A
Recruiting mentors	<input type="radio"/>				
Recruiting youth partners	<input type="radio"/>				
Screening participants	<input type="radio"/>				
Training mentors	<input type="radio"/>				
Training youth participants	<input type="radio"/>				
Matching mentors and youth	<input type="radio"/>				
Monitoring and supporting matches	<input type="radio"/>				
Closing matches	<input type="radio"/>				
Program operations and leadership	<input type="radio"/>				
Program evaluation	<input type="radio"/>				

*** 20. Does your organization have the resources (including staff and volunteers) to adequately support mentees?**

Yes	Somewhat	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optionally, use this space to share any thoughts about the question.

*** 21. How did the number of mentees in your organization change during the COVID-19 pandemic?**

- It shrank
- It remained steady
- It grew

*** 22. Which areas of your organization were negatively impacted by the COVID-19 pandemic? (Check all that apply)**

- Recruitment
- Matching and case loads
- Staffing
- Fundraising
- None of the above
- Other? (please specify)

*** 23. Overall, how has the pandemic affected relationships between mentors and their mentees? (Check all that apply)**

- They are meeting more
- They are meeting less
- They are meeting virtually
- None of the above

*** 24. Has your organization recovered from the immediate impacts of the COVID-19 pandemic? (eg. Loss of staff, loss of funds, loss of volunteers, etc)**

- Yes
- No
- Unsure

Optionally, use this space to share any thoughts about this question.

*** 25. On what level is your organization capable of addressing youth mental health issues?**

Not at all capable	Minimally capable	Somewhat capable	Very capable
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** 26. Does your organization have a referral process for mentees who may need additional mental health support?**

- Yes
- No

*** 27. Are there areas where your organization could utilize additional funds? If yes, what areas?**

*** 28. Thinking across your organization, please rank the five biggest successes from the last year. (These can include recruitment of volunteers, sustainable programmatic funding, training opportunities for mentors/mentees, accessibility to remote mentoring platforms/technology, & program capacity, etc.)**

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*** 29. Thinking across your organization, please rank the five biggest challenges from the last year. (These can include recruitment of volunteers, sustainable programmatic funding, training opportunities for mentors/mentees, accessibility to remote mentoring platforms/technology, & program capacity, etc.)**

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*** 30. Are there any needs you believe MENTOR Minnesota can help you with?**

- Yes
- Maybe
- No

Please elaborate on this question.

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Your Use of MENTOR Minnesota Services

The following questions are asked to gain an understanding of your organization's usage of MENTOR Minnesota services.

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* 31. Do you feel you are getting enough resources from MENTOR Minnesota to provide adequate training for mentors?

Yes	Somewhat	No
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 32. In the last twelve months, approximately how many of your current volunteers and staff have attended a MENTOR Minnesota training or experience?

None	Less than Half	About Half	More than Half	All	N/A
<input type="radio"/>					

*** 33. In the last twelve months, which of the following programs have people (volunteers and staff members) from your organization attended? (Check all that apply)**

- Lunch and Learn
- Bagels and Best Practices
- Elements of Effective Practice cohort training
- LGBTQ+ cohort training
- Maximize Your Impact mentor training
- Maximize Your Potential mentee training
- None of the above
- Other (please specify)

*** 34. How effective do you perceive MENTOR Minnesota’s training to be in supporting your staff and volunteers?**

Not Effective	Somewhat Effective	Effective	Very Effective	Have Never Attended
<input type="radio"/>				

*** 35. What nonprofit mentoring supports does your organization utilize? (Check all that apply)**

- Elements of Effective Practice for Mentoring
- Diversity and inclusion initiatives
- Community partnerships
- Stakeholder input
- Development calendar
- Strategic planning
- Board of directors
- Professional development for staff
- None of the above
- Other (please specify)

*** 36. Has your organization done the National Mentoring System (NQMS) review?**

- Yes, and we want to do the NQMS review again.
- Yes, but we do not plan to do the NQMS review again.
- No, but we would like to do the NQMS review.
- No, and we do not plan to do the NQMS review.
- I don't know what this is.

*** 37. Which of MENTOR Minnesota's online products/tools did your organization utilize in the twelve months? (Check all that apply)**

- Mentor Connector
- Elements of Effective Practice and Supplements
- Free monthly training sessions (Lunch and Learn, Bagels and Best Practices)
- Contracted training (Cohort Learning)
- Leadership groups (Committees, Program Services Council)
- Capitol Hill Days
- MENTOR Minnesota Newsletter
- MENTOR Minnesota Social Media
- None of the above
- Other (please specify)

38. Is there anything else you want MENTOR Minnesota to know?

*** 39. By checking 'yes' I consent to my organization's name being added to the MENTOR Minnesota website, designating my organization's commitment to the Mentoring Movement.**

- Yes
- No