

THE CHAMBER FOUNDATION, INC.

Sowing the seeds of leadership.

**Youth Leadership
Mentorship/Internship Monthly Contact Sheet**

Student Name _____ Mentor Name _____

Mentor phone #: _____

Date(s) of meeting(s) _____ Mentor signature _____

Hours spent in Mentor/Intern Program with your mentor/intern: _____

Mentors, please write a few words about your meeting time with your mentee/student:

Students, please write a few words about your experience with your host:

Students, keep a copy of this form for your portfolio and send or fax one copy to:

Mary Dery
ITERI
24 North Meadow Lane, Putnam Valley, NY 10579
FAX:845-528-0230

