



Wake County Human Services
 Best Friends Mentoring Program
 Match Monthly Progress Report
 568 E Lenoir St. Room 200
 Raleigh, NC 27601



Month _____

Year _____

Mentor's Name _____

Junior Friend _____

Date	Brief Description of contact	Hr/Min of contact	Miles traveled

Summary of Activities:

If no contact or less than 10 hours, please indicate difficulties involved:

Mentor's Signature _____

Date: _____

Due by the End of Each Month

