

Mini-Mentor Project Plan Submission Form

Mini Mentor Name: _____ Club Name/# _____

Club Assisting: Name/# _____ Start Date: _____

Club Officer Contact: Name/Office Held _____

How are you assisting the club:

Timeline:

Week #1 – meet with club Live/virtual

Week #2- (Goal) _____

Week #3- (Goal) _____

Week #3- (Goal) _____

How will you measure your success (SMART goals)?

Mini-mentor Signature: _____

Club Rep Signature: _____