



# **NEW CASTLE COUNTY POLICE**

## Mentor Program

### **DIRECTIVE 33**

#### Appendix 33-G

(MARCH 13, 2020)

# NEW CASTLE COUNTY DIVISION OF POLICE

## MENTOR PROGRAM POLICY

### **1. Purpose**

The purpose of this directive is to establish procedures for a voluntary mentoring program for officers of the New Castle County Division of Police to enhance development and retention of officers

### **2. Policy**

It is the policy of the New Castle County Division of Police to provide the opportunity for the success of all officers, assist in setting career goals and enhancing professional growth of every officer

### **3. Definitions**

- a. Mentoring Program-** A program designed to develop mutually beneficial relationships in which an effective and skilled veteran officer provides insight, guidance and opportunities for development to an officer that has just completed field training.
- b. Mentor-** An experienced and trusted advisor who will serve on a voluntary basis, without compensation. The mentor must be a sworn officer with at least five years of experience from their date of hire, below the rank of Sergeant.
- c. Mentee-** An officer that has just completed the field training process and is being advised and developed by the mentor.
- d. Committee-** The committee will consist of two to three members from the Professional Development Unit (PDU). Officers outside of the Professional Development Unit interested in joining the committee will need the approval of the Professional Development Unit Commander
- e. Coordinators-** The Professional Development Unit and a member of the Mentoring Program Committee that is approved by the Professional Development Unit Commander.

#### **4. Mentor Selection Process**

- a.** Interested officers will submit a training request to the Chief of Police through the chain of command.
- b.** The mentoring coordinators and committee will review the requests and make recommendations for approval by the Chief of Police.

#### **5. Mentor Program Training Guidelines**

- a.** All officers selected as mentors will undergo, at a minimum, a four-hour training course that will include the goals of the program, the responsibilities of a mentor, as well as the difference between the roles of a mentor and the Field Training Officer (FTO).
- b.** Familiarization with the Employee Assistance Program (EAP)
- c.** Copies of the mentor training curriculum, training requests and other documentation regarding the Mentor Program Training will be placed in the training file for the Mentor Program Training.

#### **6. Mentor Program**

- a.** Both the mentee and selected mentors must complete a pairing questionnaire to determine the appropriate mentor pairing. Pairing criteria will be based primarily on career goals; however, other factors such as gender, family commitments, past life experiences (military, divorce, etc.) will also be considered as factors in order to make the pairing. (Appendix #1)
- b.** Once the pairing surveys have been completed by both the mentor and mentee, the committee will meet and review all the surveys to determine the pairings. Both mentors and mentees will be informed of the pairing via email.
- c.** Once the mentor and mentee are paired, they will meet in person towards the end of the Field Training process to exchange contact information and determine how often they will have contact. At a minimum, contact between the mentor and mentee should be once a month. Contact is defined as face to face, telephone call, text message or e-mail.
- d.** The mentoring program will begin once the mentee has completed Field Training and will last approximately one year from the date of pairing.
- e.** For the first three months, the mentoring committee will follow up every month with each mentor and mentee to evaluate the progress of mentor/mentee pairing. Subsequent follow up will occur every three months until the end of the first year. (Appendix #2)

- f.** At completion of the year, the committee will follow up with each mentor and mentee about the program and review any suggested additions or changes to the program.
- g.** While in the program, mentors will not fraternize with the mentees.
- h.** All paperwork and documentation regarding the mentor and mentee pairing will be placed in mentee's personnel file.

## **7. Dealing with Issues**

- a.** If it is determined that the mentor and mentee pairing is not productive, a written request must be submitted by either the mentor or the mentee to the Professional Development Unit Commander detailing the issue(s) as to why a change would need to be made.
- b.** If it is determined through their mentoring relationship that the mentee has disclosed to the mentor that they have violated a policy of the Division or a state law, the mentor must write a memorandum to the Chief of Policer detailing the incident in accordance with the normal chain of command reporting protocols regarding policy/law violations.
- c.** If a mentor decides that they can no longer participate in the program they must submit a memorandum to the Professional Development Unit Commander asking to be removed. This memorandum will be placed in the mentee's personnel file. The committee will then make another mentor/mentee pairing.

New Castle County



Department of Public Safety  
Division of Police

Mentor Questionnaire

Please fill in the blanks or place an X or check mark next to the word or phrase that best matches your response.

Name:

Phone Number:

E-mail:

Date:

What is your gender?

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

What is your age?

<input type="checkbox"/>	21 – 25
<input type="checkbox"/>	26 – 35
<input type="checkbox"/>	36 – 50
<input type="checkbox"/>	51 – 55

What is your marital status?

<input type="checkbox"/>	Married
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Living with Partner
<input type="checkbox"/>	Single
<input type="checkbox"/>	Prefer not to say

How many children are there in your household?

<input type="checkbox"/>	0
<input type="checkbox"/>	1 – 2
<input type="checkbox"/>	3 – 4
<input type="checkbox"/>	5 – 6
<input type="checkbox"/>	More than 6

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How would you describe your race or ethnicity

<input type="checkbox"/>	Native American
<input type="checkbox"/>	Asian
<input type="checkbox"/>	African American / Black
<input type="checkbox"/>	Caucasian / White
<input type="checkbox"/>	Hispanic / Latino
<input type="checkbox"/>	Pacific Islander
<input type="checkbox"/>	Multiracial
<input type="checkbox"/>	Other ( )

What is your highest level of education?

<input type="checkbox"/>	Attended college but did not finish
<input type="checkbox"/>	Vocational/Technical degree or certificate
<input type="checkbox"/>	Associates Degree
<input type="checkbox"/>	Bachelor's Degree
<input type="checkbox"/>	Master's Degree
<input type="checkbox"/>	Doctorate Degree
<input type="checkbox"/>	Other _____

Please list your hobbies and interests:

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List your previous work experience:

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Please list your current assignment as well as previous assignments within the department:

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Please list any additional information that could assist in pairing:

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New Castle County



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Mentee Questionnaire

Please fill in the blanks or place an X or check mark next to the word or phrase that best matches your response.

Name:

Phone Number:

E-mail:

Date:

What is your gender?

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

What is your age?

<input type="checkbox"/>	21 – 25
<input type="checkbox"/>	26 – 35
<input type="checkbox"/>	36 – 50
<input type="checkbox"/>	51 – 55

What is your marital status?

<input type="checkbox"/>	Married
<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Separated
<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Living with Partner
<input type="checkbox"/>	Single
<input type="checkbox"/>	Prefer not to say

How many children are there in your household?

<input type="checkbox"/>	0
<input type="checkbox"/>	1 – 2
<input type="checkbox"/>	3 – 4
<input type="checkbox"/>	5 – 6
<input type="checkbox"/>	More than 6

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Please list any additional information that could assist in pairing:

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New Castle County



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Mentor Program Monthly Questionnaire

Please fill in the blanks or place an X or check mark next to the word or phrase that best matches your response.

Name:

Phone Number:

E-mail:

Date:

Please choose one:

<input type="checkbox"/>	Mentor
<input type="checkbox"/>	Mentee

How many times have you been in contact with your mentee/mentor?

<input type="checkbox"/>	0-1
<input type="checkbox"/>	2-3
<input type="checkbox"/>	3-4
<input type="checkbox"/>	5+

Primary Form of Communication

<input type="checkbox"/>	In-Person
<input type="checkbox"/>	Phone Call
<input type="checkbox"/>	Text Message
<input type="checkbox"/>	E-Mail
<input type="checkbox"/>	Other ( )

How long have your interactions been with your mentor/mentee?

<input type="checkbox"/>	1-15 minutes
<input type="checkbox"/>	15-30 minutes
<input type="checkbox"/>	45-60 minutes
<input type="checkbox"/>	1-1.5 hours
<input type="checkbox"/>	2+ hours

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Please list any issues you may be experiencing with your mentor/mentee:

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Please list any information that you feel may benefit the program:

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Please rate your overall satisfaction with the program: 1-10 (1=Very Disappointed - 10=Extremely Satisfied)

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**Mentor Program Monthly Form**

**Date:** \_\_\_\_\_

**Mentor:** \_\_\_\_\_

**Mentee:** \_\_\_\_\_

**Number of Contacts:** \_\_\_\_\_

**Primary Form of Communication:** \_\_\_\_\_

**Goals for Mentee:**

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**Suggested Training/Career Opportunities for Mentee:**

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**Notes/Comments for Coordinator:**

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