

Mentoring Agreement

We are entering into a voluntary Mentoring relationship that we expect to benefit both of us. We want this to be a rich and rewarding experience with the majority of our time spent in substantive development activities. To minimize confusion, frustration and administrative details, we have noted the following features in this relationship:

Confidentiality: We acknowledge that personal and professional confidences will be treated as such and that the parties will endeavor to maintain a relationship built on mutual trust, respect, and confidentiality.

Frequency of Meetings _____

Duration of Meetings _____

Type of Meetings (face-to face, skype, phone call) _____

Location of Meetings _____

Cancellation Preferences _____

Contact Information:

Mentee _____

Email _____

Office Phone _____

Cell Phone/text _____

Preferred method of contact _____ Best time of contact: _____

Mentor _____

Email _____

Office Phone _____

Cell Phone/text _____

Preferred method of contact _____ Best time of contact: _____

Mentee's Primary Objectives:

Mentor's Primary Objectives:

Progress Reporting Frequency: To determine if the relationship is mutually beneficial, if it's working well and what needs to be changed or addressed (once a month is suggested): _____

Duration of Mentoring Relationship: (six to 12 months suggested): _____

This mentoring agreement sets forth how we will work together. We agree to commit to the specified period and to make a good faith effort to resolve any issues that may arise between us during the term of this agreement.

Mentee's signature/date _____

Mentor's signature/date _____