

## Mentor Contract

Name: \_\_\_\_\_

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

By choosing to participate in the VCUIA Richmond Promise Mentor Program, I agree to the following:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Establish your expectations of the mentoring program with your mentee – what roles each of you have, frequency of getting together, how you may assist the individual, etc
- Communicate with the mentee at least once a week
- Keep a log of your contacts and activities with your mentee. Submit the completed log to Jackie Robinson at the end of the three months. Use Activities log for this
- Complete the Mentor Checklist and return to Jackie Robinson
- Complete the forms and Mentoring Program Evaluation form and submit to Jackie Robinson at the end of the three months
- Discuss your expectations of the mentoring program with your mentor
- Keep all scheduled appointments with your mentor. If you cannot devote the required time to the mentoring program, discuss this issue with the program coordinator
- Suggest activities that you and your mentee can participate in
- Make a one-year (February-December) commitment to being matched with mentee
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Discuss monthly meeting times and activities with the RCHS and VCU program coordinators, and regularly and openly communicate with the program coordinators as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the mentoring relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Attend mentor training session

\_\_\_\_\_*(please initial)* I understand that upon match closure, future contact with my mentee is beyond the scope of the VCUIA Richmond Promise Mentor Program and can happen only by the mutual consensus of the mentor, the mentee, and the parent/guardian.

\_\_\_\_\_ I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)