

Mentor and Mentee Contract

MENTOR/MENTEE CONTRACT & GOALS

Date: _____

Name of Mentor: _____

Name of Mentee: _____

Match Date: _____

Review Date: _____

We will commit to meet for at 2 hours every other week on the scheduled Tuesdays from February to May.	Yes <input type="checkbox"/> No <input type="checkbox"/>
We will commit to have weekly phone or email contact.	Yes <input type="checkbox"/> No <input type="checkbox"/>
We understand our roles and responsibilities to ourselves, each other, and to the program	Yes <input type="checkbox"/> No <input type="checkbox"/>
We understand that this is a full year program, with mentoring occurring from February to May, with e-mentoring over the summer, and one on one mentoring resuming in the fall	Yes <input type="checkbox"/> No <input type="checkbox"/>

Mentor's Name: _____

Signature: _____

Mentee's Name: _____

Signature: _____