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

Mentor

Email

Office Phone

Cell Phone/text

Preferred method 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_____________________________________________________________