

Mentoring Agreement

This agreement creates the commitment to the Mentoring Relationship. It should be discussed and completed within the first or second meeting; a copy kept by both Mentee and Mentor and a copy returned to the Mentoring Coordinator at _____.

Mentor Contact Details	
Name	
Agreed contact method	
Phone number	
Email	
Agreed times for contact	

Mentee Contact Details	
Name	
Agreed contact method	
Phone number	
Email	
Agreed times for contact	

Agreed details of Mentoring Relationship	
Frequency of meetings	
Duration of meetings	
Location of meetings	
Cancellation procedure	
Boundaries	
Additional information	

By signing this document, I am committing to make the P4 Jefferson County mentoring relationship and program work in accordance with the training and documentation provided.

Mentee

Signed _____ Date _____

Mentor

Signed _____ Date _____