

Staff Mentoring Application Agreement Form

If you are applying to be a mentor, complete only the mentor sections.

If you are applying to be a mentee, complete only the mentee sections.

Applicant's Name: _____

Applicant's Department/Division: _____

This section completed by Staff Mentor Program Coordinator/Staff Association Vice President

This agreement is between the Mentor, _____, and the Mentee, _____, and will last for the time period of _____.

The Mentee's goals for the Staff Mentoring Program:

- To gain a better understanding of _____.
- To gain knowledge on _____.
- To learn how to _____.
- To learn _____.
- To observe _____.

Specific assistance Mentor will provide to assist Mentee in achieving goals:

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Steps Mentee will take in order to achieve goals:

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Participation in the Staff Mentoring Program requires an agreed upon schedule to meet at least once a month. Other ways that the Mentor and Mentee may communicate will be via e-mail or by phone.

Everything discussed in the agreement will be confidential unless otherwise specified at the time of the discussion.

By signing this agreement, both the Mentor and the Mentee agree to work together in achieving the above listed goals and to follow the guidelines for the agreement for the above listed period specified.

Do not sign below until your first meeting

Mentor's Signature and Date

Mentee's Signature and Date

Department/Division

Department/Division

Please return to Vice President of Staff Association/Mentoring Program Coordinator