



STEP BY STEP MENTORING PROGRAM

Caring and Growing... Together

Mentor Contract

Name: _____ Date: _____

By initialing below, you are indicating you wish to participate in the STEP BY STEP MENTORING PROGRAM as a mentor and have read, understood and agree to the following

_____ Follow all rules and guidelines as outlined by the district's mentoring program and this contract

_____ Have a positive attitude and be respectful to my mentee

_____ Make a one year commitment to being matched with my mentee

_____ Meet at least 4 hours per month with my mentee

_____ Have a minimum of 1 contact per week with my mentee

_____ Obtain parent/guardian permission prior to all off school campus mentor/mentee activities

_____ Be punctual for scheduled meetings or give at least 24 hour notification, if unable to make the scheduled meeting

_____ Inform the principal/guidance of any difficulties or areas of concern that may arise in the relationship

(Mentor's signature) (Date)