Supporting Services Mentoring Program

Mentor – Mentee Agreement

Mentor will:

* Meet with the mentee for four hours a month. The recommended time is one hour a week.
* Establish a supportive relationship with the mentee.
* Help the mentee identify skill areas (core competencies) for development.
* Promote awareness about various positions within MCPS.
* Provide resources and networking information.
* Maintain confidentiality.

Additional guidelines and responsibilities:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentee will:

* Agree to a regular mentor-mentee meeting day and time.
* Come prepared with specific concerns and/or questions, when possible.
* Be willing to act on feedback from mentors.
* Commit to the process and be willing to meet outside of the duty day.
* Provide feedback on the program.

Additional guidelines and responsibilities:

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My mentor and I agree to meet on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_.

(*Day of the week*)(*Time*)

We understand that this schedule agreement may change due to calendar constraints (i.e. holidays or emergencies). If this occurs, we agree to make arrangements for an alternative meeting time whenever possible. We understand that the mentoring relationship is held by a confidentiality bond. We are committed to helping each other to grow professionally. We understand that the mentoring program is a voluntary activity. We are aware that this is a no-fault relationship, and either party may end it for any reason or no reason. We agree to contact the mentor coordinator if any conditions have changed and/or the relationship ends.

*Mentor Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MCPS Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Mentee Signature*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MCPS Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send a copy of the signed agreement to Nathalie Bourdereau, Career Pathways Specialist, OHRD/Associate’s Office

Questions?

Please contact: Nathalie Bourdereau

[Nathalie\_C\_Bourdereau@mcpsmd.org](mailto:Nathalie_C_Bourdereau@mcpsmd.org)