



The Center for the Advancement of Mentoring

SAMPLE CONTRACT FOR MENTORS

Name: _____

Date: _____

By choosing to participate in _____ [INSERT NAME OF MENTORING PROGRAM], I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentor training, program policies, and this contract;
Be flexible and provide the necessary support and advice to help my mentee succeed;
Make a one-year commitment to being matched with my mentee;
Meet at least _____ (INSERT NUMBER OF HOURS) hours per month with my mentee;
Make at least weekly contact with my mentee;
Obtain parent/guardian permission for all meeting times at least three days in advance, if possible;
Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting;
Submit monthly meeting times and activities to the program coordinator, and regularly and openly communicate with the program coordinator as requested;
Inform the program coordinator of any difficulties or areas of concern that arise in the relationship;
Keep any information that my mentee tells me confidential except as may cause him/her or others harm;
Always obey traffic laws when in the presence of my mentee, and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together;
Never be in the presence of my mentee when I have been or am consuming alcohol, tobacco, or controlled substances;
Participate in a closure process when the match comes to an end;
Notify the program coordinator if I have any changes in address, phone number, or employment status;
Attend in-service mentor training sessions _____ (INSERT NUMBER OF TIMES) per year.

_____ (please initial) I understand that after match closure, future contact with my mentee is beyond the scope of _____ [INSERT NAME OF MENTORING PROGRAM] and may occur only by the consent of the mentor, the mentee, and the parent/guardian.

I agree to follow all of the above requirements and conditions of this program as well as any others as instructed by the program coordinator at this time or in the future.

Signature: _____

Date: _____

Adapted from the National Mentoring Center's Generic Mentoring Program Policy and Procedure Manual, Customizable Template Version, by Linda Ballasy, Mark Fulop, and Michael Garringer, revised Sept. 2007.





The Center for the Advancement of Mentoring

SAMPLE CONTRACT FOR MENTEES

Name: _____

Date: _____

By choosing to participate in _____ [NAME OF MENTORING PROGRAM], I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract;
Have a positive attitude and be respectful of my mentor;
Make a one-year commitment to being matched with my mentor;
Meet at least _____ (INSERT NUMBER OF HOURS) hours per month with my mentor;
Make at least weekly contact with my mentor;
Obtain parent/guardian permission for all meeting times at least three days in advance, if possible;
Be on time for scheduled meetings or call my mentor at least 24 hours beforehand if I am unable to make a meeting;
Discuss monthly meeting times and activities with the program coordinator, and regularly and openly communicate with the program coordinator as requested;
Inform the program coordinator of any difficulties or areas of concern that arise in the relationship;
Participate in a closure process when the match comes to an end;
Notify the program coordinator if I have any changes in address or phone number;
Attend mentee training sessions _____ (INSERT NUMBER OF TIMES) per year.

_____ (please initial) I understand that after match closure, future contact with my mentor is beyond the scope of _____ [INSERT NAME OF MENTORING PROGRAM], and may occur only by the mutual consent of the mentor, myself, and my parent/guardian.

I agree to follow all of the above requirements and conditions of this program as well as any others as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)



The Center for the Advancement of Mentoring

SAMPLE CONTRACT FOR PARENTS/GUARDIANS

Name: _____

Date: _____

By allowing my son/daughter/guardian to participate in _____ [INSERT NAME OF MENTORING PROGRAM], I agree to:

- Allow my child/guardian to participate in the mentoring program and to be matched with a program mentor;
Follow, and encourage my child/guardian to follow, all rules and guidelines as outlined by the program coordinator, parent/guardian training, program policies, and this contract;
Support my child/guardian in this match by allowing him/her to meet with his/her mentor at least _____ (INSERT NUMBER OF HOURS) hours per month and have weekly contact with the mentor for one year;
Support my child/guardian to be on time for scheduled meetings with the mentor or have him/her call the mentor at least 24 hours beforehand if unable to make a meeting;
Regularly and openly communicate with the program coordinator as requested;
Inform the program coordinator if I observe any difficulties in the match relationship or have any concerns about the relationship;
Participate in a closure process when the match comes to an end;
Notify the program coordinator if I have any changes in address or phone number;
Provide the program coordinator and the mentor with updated health insurance information for my child/guardian.

_____ (please initial) I understand that after match closure, future contact between my child/guardian and his or her mentor is beyond the scope of _____ [INSERT NAME OF MENTORING PROGRAM], and may occur only by the mutual consent of the mentor, my child/guardian, and myself.

I agree to follow all the above requirements and conditions of this program as well as any others as instructed by the program coordinator at this time or in the future.

(Signature) (Date)