



3.10 Mentoring Agreement

Mentoring Agreement for _____ & _____

Determinations	Agreement
Frequency of Meeting Recommendation: Minimum once a month Remember: The project requires a minimum of 4 encounters/once per month October-January, 2018	<input type="checkbox"/> Once a month <input type="checkbox"/> Twice a month <input type="checkbox"/> Once a week <input type="checkbox"/> _____
Type of Meeting Face-to-face meetings are best. However, e-mail or phone meetings also can work.	<input type="checkbox"/> Face to face <input type="checkbox"/> Phone conference <input type="checkbox"/> E-mail <input type="checkbox"/> _____
When to Meet A standard time and place, such as the 1st Monday of the month at _____, helps make mentoring part of your routine.	<input type="checkbox"/> _____
Meeting Time 30 to 40 minutes is typically optimal.	<input type="checkbox"/> _____
Where to Meet Make it convenient and confidential. It is okay to change the place as this fosters different conversations. Just be clear on the location.	<input type="checkbox"/> My office/your office <input type="checkbox"/> Cafeteria during a quiet time <input type="checkbox"/> Unit conference room <input type="checkbox"/> Coffee shop _____ <input type="checkbox"/> _____
Person Responsible for Scheduling Meetings Confirm and agree on the next meeting time and place at the conclusion of each meeting.	<input type="checkbox"/> Mentor <input type="checkbox"/> Mentee <input type="checkbox"/> _____
Ground Rules for Discussions Consider confidentiality, openness, candor and truthfulness.	<input type="checkbox"/> Confidential <input type="checkbox"/> Honest <input type="checkbox"/> Meaningful <input type="checkbox"/> Seek first to understand then to be understood. <input type="checkbox"/> Have fun. <input type="checkbox"/> Be tough on issues, soft on people. <input type="checkbox"/> Encourage healthy debate. <input type="checkbox"/> It's not about <i>being right</i> . <input type="checkbox"/> Give people the benefit of the doubt. <input type="checkbox"/> Say thank you.



Additional Ground Rules	<input type="checkbox"/> Ask questions. <input type="checkbox"/> Be prepared. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Plan for Scheduling Conflicts Be specific here. For example, we will give ____ hours notice if we cannot make a meeting. Always be on time.	<input type="checkbox"/> If I cannot make a meeting, I will let my mentor/mentee know _____ hours in advance via e-mail, and I will leave a message on his or her _____ phone (work and/or cell). <input type="checkbox"/> _____
Additional Discussion Areas/Issues	
Mentee Signature/Date	
Mentor Signature/Date	

Mentor Contact Information

Work Phone: _____

Home Phone: _____

Cell: _____

Additional e-mail address: _____

* star the preferred contact method

Mentee Contact Information

Work Phone: _____

Home Phone: _____

Cell: _____

Additional e-mail address: _____

* star the preferred contact method

Emergency Contact Person/Number: _____

(This number will remain confidential and used for emergency purposes only.)

Complete, sign and make three copies (mentor, mentee, mentor coordinator).