

Partners In Education Mentor Program Mentee Agreement Contract

I, _____, agree to participate in the Partners In Education Mentor Program. I understand that the mentor is a volunteer who wants to help me to be successful academically and socially, and that my mentor will act as a friend, advisor, and role model. I also understand that no monetary assistance is provided by the mentor or program.

I understand that the mentor agrees to meet with me for a minimum of 30 minutes per week. We will meet on my campus at the time designated by my school counselor.

In return, I agree to:

- Try hard to have a good relationship with the mentor
- Keep all appointments with my mentor
- Notify my mentor if I cannot keep an appointment with him/her for any reason
- Respect the guidelines set by my mentor and my school district
- Attend all required program activities
- Abide by the rules and regulations of the program
- Communicate with the Program Director if I feel uncomfortable or experience problems at any time during the program
- Fill out a survey at the end of the year

I understand if I do not fulfill these requirements, I may lose the opportunity to participate in this program.

Mentee Signature

Mentee's Printed Name

Date