

The Mentorship Agreement Form

Mentorship Field: _____

Please sign and return • If mentorship field changes, students: please notify your families.

As a Protégé in the Mentorship Program, I will:

- Spend at least two hours a week with my Mentor to advance the goals of the mentorship
- Work with my mentor's guidance and devote the time to strive for excellence
- Be punctual, respectful and communicative with my mentor
- Formally present my mentorship project in a written portfolio AND at the Mentorship Festival
- Do all posted assignments throughout the year on Google Classroom
- Check emails and Google Classroom regularly for communications from the Mentorship Office
- Attend grade-level Mentorship Supported Work Time (Tues 10-10:30 November through April)

As a Mentor in the Mentorship Program, I will:

- Coach, guide, model, collaborate and assist my protégé to strive for excellence
- Suggest resources (books, performances, connections with others in the field) to promote growth and understanding
- Expose the student to my level of expertise and to opportunities in my field
- Help students understand the value of investing in themselves and in the community
- Contact Mentorship office if my protégé is not attending regularly
- Submit a brief bio (20-120 words) before first meeting with protégé
- Keep track of hours on a weekly basis
- Fill out an online evaluation in May

As a parent/guardian in the Mentorship Program, I will:

- Support and encourage my student's mentorship activities and relationship with the Mentor
- Arrange or confirm weekly transportation to mentorship meetings and occasional events
- Track schedule and check-in to make sure my student is staying focused on goals
- Support attendance to the Mentor Appreciation Evening and the Mentorship Festival

As mentorship staff, I will:

- Support the student, the family and the mentor with issues or questions
- Be available to facilitate communication if needed
- Post assignments and important dates via Google Classroom

1. Protégé (Student) Name: _____

Signature: _____ Date: _____

Please note • If you do not maintain protege responsibilities, you can be dropped from this class

2. Mentor Name: _____

Signature: _____ Date: _____

Driver's License or background check on File

3. Parent/Guardian Name: _____

Signature: _____ Date: _____

4. Mentorship Staff Name: _____

Signature: _____ Date: _____

Turn sheet over to complete.

Mentorship Communication Preferences & Emergency Contact Info

Student Name _____

Student Email _____ Cell _____

My preferred form of communication is: Text Call Email

Parent/Guardian Name _____

Parent Email _____ Cell _____

My preferred form of communication is: Text Call Email

Do you have a skill, job OR hobby that you would be willing to share as a Mentor for our program?

Describe: _____

Do you know someone who would enjoy being a Mentor for our Program? _____

Emergency Contact: _____

Relation to Student: _____

Mentor Name _____

Mentor Email _____ Cell _____

My preferred form of communication is: Text Call Email

Mentor Address _____

SAVE THE DATE!!

Two fun & REQUIRED events to put on your calendar:

Mentor Appreciation Evening (MAE)

Mid-February

5:30-7:00

Information Forthcoming

MENTORSHIP FESTIVAL of LEARNING

3 days of student performances & presentations

Weds-Friday, April 29, 30th & May 1 (daytime)

Multiple locations, Information Forthcoming

Contact Information for the Mentorship Office:

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