

Mentor Contract

Name: _____

Date: _____

By choosing to participate in One Hope United's 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 eight hours per month with my mentee
- Make at least weekly contact with my mentee by phone or at approved location
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Keep any information that my mentee tells me confidential except as may cause him or others harm
- Never be in the presence of my mentee when I have or am consuming alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address, phone number, or employment status
- Attend in-service mentor training sessions twice per year

_____ (please initial) I understand that face to face contact with my mentee is to be only at One Hope United supervised events.

_____ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the One Hope United's Mentoring Program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

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

(Signature)

(Date)