



MENTEE CONTRACT

Name _____ Date _____

As a participant in the mentoring program I agree to:

- Have a positive attitude and be respectful of my mentor.
- Make a one year commitment to being matched with my mentor.
- Meet at least one session a week with my mentor.
- Be on time for scheduled meetings or call my school office or program coordinator at least 24 hours beforehand if I am unable to make my meeting.
- Discuss activities with program coordinator openly and communicate with the program coordinator as requested.
- Inform the program coordinator or principal of any difficulties or areas of concern that may arise in the relationship with my mentor.

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

Mentee Signature

Date

School Name: _____

Tina Macy, Program Coordinator

413-222-8508

t.macy@schoolsofwestfield.org