



## MENTOR CONTRACT

Name \_\_\_\_\_

Date \_\_\_\_\_

*By choosing to participate in the Northview Mentor Program, I agree to:*

(please initial)

\_\_\_\_\_ Follow all rules and guidelines as outlined by the program coordinator, training booklets, and program policies.

\_\_\_\_\_ Have a positive attitude and be respectful of my mentee.

\_\_\_\_\_ Make a one-year commitment to my mentee.

\_\_\_\_\_ Meet at least 15 minutes a week with my mentee.

\_\_\_\_\_ Inform the program coordinator or principal of any difficulties or areas of concern that may arise in the relationship.

\_\_\_\_\_ Notify the program coordinator if I have any changes in address, phone number, or email.

\_\_\_\_\_ Be on time for scheduled meetings, or call the school or program coordinator if I am unable to make a meeting.

*I understand this is an in school mentoring program, and I am expected to meet with my student on campus during school hours. If, for any reason, I need to go outside of these guidelines I will meet with or discuss with the mentor coordinator for parent/guardian notification and approval.*

*If I choose to mentor off the Northview Campus, I understand I am responsible and liable for both the student and myself, and am not included in any insurance coverage provided by either Northview Public Schools or the Northview Mentor Program.*

*This extends to any transportation I provide the mentee, or any other liability incurred.*

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)