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:________________________________________

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