

MENTORSHIP AGREEMENT

The intention of this document is to create a mutual agreement about what you'd like your mentorship relationship to look like. No one will see this document except the both of you. Fill out this form alongside the Initial Meeting Checklist. Feel free to add to this document and to customize it to your partnership.

MENTEE

Name: _____

Community League: _____

Board Role: _____

Contact Info: _____

Preferred Contact Method: _____

MENTOR

Name: _____

Community League: _____

Board Role: _____

Contact Info: _____

Preferred Contact Method: _____

Mentee's reason for joining the EFCL Mentorship Program:

The Mentee's top objectives/goals they would like support with:

Some ideas for how the Mentor might support the Mentee to resolve their struggles and objectives.



LENGTH OF MENTORSHIP

We feel that our mentorship goal can be reached within: _____ (Meetings | Weeks | Months)

Length of Each Meeting _____

If we need to shorten or lengthen this mentorship, we have decided to use this method to amend our agreement:



This is what the completion of our mentorship will look:

CONFIDENTIALITY & CONFLICT RESOLUTION

Any sensitive issues that we discuss will be held in confidence. Issues that are off-limits in this relationship include: _____

If we have a conflict, this is how we would like to handle it:

If there is a lack of communication between us, this is how we decided to handle it:
