## 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:	MENTOR Name:
Community League:	Name: Community League:
Board Role:	Board Role:
Preferred Contact Method:	Preferred Contact Method:
Mentee's reason for joining the EFCL Mento	orship Program:
The Mentee's top objectives/goals they wou	ıld like support with:
Some ideas for how the Mentor might suppobjectives.	oort the Mentee to resolve their struggles and

Mentor's reason for joining the EFCL Mentorship Program:	
Mentor's goals for this mentorship:	
Meeting Details (In-person? Emails? Phone? Z	Zoom sessions? Mixed?):
EXPECTATIONS FROM THE MENTOR	RSHIP
MENTEE	MENTOR

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:



## **NO-FAULT TERMINATION**

We are committed to open and honest communication in our mentorship relationship. We will discuss & attempt to resolve any conflicts as they arise. If one of us needs to terminate the relationship for any reason, we agree to abide by one another's decision. We also agree to let the EFCL know that we have ended our partnership.

Notes:	
ADDITIONAL TERMS	
SIGNED BY BOTH MENTEE	AND MENTOR
Mentee Signature	Mentor Signature
Date	Date