



Resource Team Staff Mentoring Participant Agreement

Acknowledgement of Mentee

I have voluntarily entered into a mentoring relationship. I shall openly discuss my development needs for the purpose of professional development and job success. I agree to attempt to work through any communication challenges or relationship conflicts that may arise during the mentor relationship but understand I can terminate this relationship at any time by contacting the Mentoring Coordinator. I understand that if I terminate the original mentoring partnership, I may or may not be matched with a different mentor during this mentoring cycle.

Acknowledgement of Mentor

I have voluntarily entered into a mentoring relationship. I shall provide mentoring support to my mentee for the purpose of professional development and job success. I agree to attempt to work through any communication challenges or relationship conflicts that may arise during the mentor relationship I understand I can terminate this relationship at any time by contacting the Mentoring Matters representative at (502) 852-1499 or Smart@louisville.edu. I understand that if I terminate the original mentoring partnership, I may or may not be matched with a different mentee during this mentoring cycle. I acknowledge that my role as mentor is done without additional compensation.

Confidentiality

I understand confidentiality is critical to developing a trusting mentoring relationship. Consequently, I agree to maintain the confidentiality of the personal and business experiences shared with me to the extent allowed by law. Furthermore, I understand my mentoring partner will uphold the same standard of confidentiality.

Expectations

I will participate in the three mentoring group sessions and will commit to work with my mentoring partner at least one to two hours each month during the normal workday. I will fulfill the responsibilities as outlined in the program brochure. This mentoring relationship will last ten months. I will work with my mentoring partner to create short-term and long-term objectives to help develop strong competencies, thus contributing to successful outcomes of the mentoring arrangement. I will complete the Mentoring Matters program evaluation.

I understand and agree to the terms of this agreement.

Name

Mentor's Signature

Date

Name

Mentee's Signature

Date