Signed and completed forms should be emailed or faxed to:

 Laura Vobrak, Mentorship Specialist

 Fax: 757-224-5434

 Email: laura.vobrak@nhrec.org

 Office phone: 757-766-1100, ext 3308

 Cell phone: 757-927-2779

The purpose of this agreement is to establish a good-faith working relationship between students enrolled in the Governor’s School mentorship program and their mentors. The intent of this form is to help establish a few basic and mutually-understood standards of cooperation that will help ensure the success of the program for all parties involved. Students are required to complete a minimum of 27 hours per quarter (9 weeks), or an average of three (3) hours per week with their mentors, **outside of school hours**. The dates and times per week will be logged into the students’ journals and initialed by their mentors.

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area of Expertise:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor’s Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT**: I agree to . . . (Place a check in space provided to indicate agreement.)

\_\_\_\_\_Perform a minimum of 27 hours per quarter, or an average of 3 hours per week on my mentorship.

\_\_\_\_\_Dress appropriately and perform my duties and assignments professionally and to the best of my ability at all times.

\_\_\_\_\_Adhere to Governor’s School, mentorship, and mentor’s organizational time and duty commitments, or, if I cannot attend, to provide 24 hours’ notice to my mentor if at all possible.

**MENTOR**: I agree to . . . (Place check in space provided to indicate agreement.):

\_\_\_\_\_Provide information and training for the mentee.

\_\_\_\_\_Provide supervision to the mentee and provide feedback in a timely manner on performance.

\_\_\_\_\_Help mentee develop a meaningful project related to skills, interests, and available time.

\_\_\_\_\_Verify and initial the mentee’s time sheet for each session.

\_\_\_\_\_Sign study proposal and final document to indicate approval of content.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentor Signature

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_