



Skills for Work. Confidence for Life.

Mentoring Partnership Working Agreement

Mentee Name: _____

Mentor Name: _____

General Information

Start Date: _____

Mid-cycle check in date (Session 6): _____

End Date: _____

Who will be responsible for setting your weekly meeting agenda? _____

Preferred method of meeting (phone, in-person, etc. It can be a mix of methods so be specific):

What We Are Working Towards

Mentee, what would you like to accomplish in program?

What role will your mentor have in supporting you in your accomplishments?

Setting Expectations

Mentor, what are your expectations of your mentee?

Mentee, what are your expectations of your mentor?

How Your Mentor Wants to Receive Feedback

Mentor, how would you want me to tell you if I disagree with you or your advice?

Mentor, how would you want me to provide feedback when you haven't upheld what we've agreed to in this document? (i.e. rescheduled a number of weekly meetings, not reviewing my deliverables in a timely manner, etc.)

How Your Mentee Wants to Receive Feedback

Mentee, how would you like me to support you in accomplishing your goals? (Are you best motivated by being gently encouraged, or being pushed; do you want continual challenge, or need acknowledgment about what's going well to maintain your motivation?)

Mentee, how would you want me to provide feedback if you haven't completed something we've agreed to in this document?

Mentor and Mentee Weekly Meeting Guide

Please use the space below to write important program details so you can easily access this information at all times:

Mentee Name: _____

Email Address: _____

Phone #: _____

Mentor Name: _____

Email Address: _____

Phone #: _____

Weekly Check-In Day and Time: _____

Weekly Deliverable Review Deadline: _____

Group Officer Name: _____

Email Address: _____

Phone #: _____

Program site email address: _____