



MENTEE AND PARENT/GUARDIAN CONTRACT
(can be used to supplement the parent/guardian permission letter)

I, (child name) , agree to participate in the (name of program) . I understand that the mentor is a volunteer who wants to help me to be successful academically and socially, and that my mentor will act as a friend, advisor, and role model. I also understand that no monetary assistance is provided by the mentor or program.

I understand that the mentor agrees, for (minimum length of commitment, i.e., one year) , to meet with me at least (frequency of contact, i.e., once per week, twice a month) . We will meet at (meeting location, i.e., school, community) .

In return, I agree to:

- Try hard to have a good relationship with the mentor
- Keep all appointments with my mentor
- Notify my mentor if I cannot keep an appointment with him/her for any reason
- Respect the guidelines set by my mentor
- Attend all required program activities
- Abide by the rules and regulations of the program
- Communicate with the Program Manager if I feel uncomfortable or experience problems at any time during the program
- Fill out a survey at the end of the year

I understand that if I do not fulfill these expectations, I may lose the privilege of participating in the (name of program) .

Parent/Guardian Signature

Mentee Signature

Date

Modified from The Maryland Mentoring Partnership, *Vision to Reality Mentoring Program Development Guide*