

Mentor Contract

Name: _____

Date: _____

By choosing to participate in the FCHS Mentor Program, I agree to:

- Follow all rules and guidelines as outlined by the program coordinator, mentor training, program policies, and this contract
- Provide legible fingerprints and all applications papers providing authorization for the FCHS Mentor Program to conduct background checks on me
- Provide copy of my valid driver's license and proof of auto insurance
- Be flexible and provide the necessary support and advice to help my mentee succeed
- Make a one-year, or balance thereof, commitment to being matched with my mentee
- Meet at least one hour per week with my mentee
- Obtain parent/guardian permission for all meeting times at least three days in advance, if possible
- Be on time for scheduled meetings or call my mentee at least 24 hours beforehand if I am unable to make a meeting
- Submit monthly meeting times and activities to the program coordinator, and regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator of any difficulties or areas of concern that may arise in the relationship
- Keep confidential any information that my mentee shares with me except as may cause him/her or others harm
- Always obey traffic laws when in the presence of my mentee and keep a copy of his/her health insurance coverage in the automobile at all times when traveling together
- Never be in the presence of my mentee when I have or am consuming or under the influence of alcohol, tobacco, or controlled substances
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address, phone number, or employment status
- Attend mentor training sessions as required annually

_____ (please initial) I understand that upon match closure, future contact with my mentee is beyond the scope of the FCHS Mentor Program and may happen only by the mutual consensus of the mentor, the mentee, and parent/guardian.

_____ (optional) I agree to allow the FCHS Mentor Program to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)