



MENTORING AGREEMENT FOR THE MENTOR

Mentors vary from one another naturally, in their talents and backgrounds, but they typically share at least these two characteristics: a reputation for being direct, clear and straight shooters; and experienced at giving task-relevant feedback. A Mentor, is one who has achieved professional success, acquired self confidence, experienced professional satisfaction, and wishes to share his or her experiences with a junior or less experienced employee, who is recognized within their own function and career areas as competent, dedicated, resourceful, perceptive (possess global vision and external awareness), experienced in networking and displays a positive and enthusiastic attitude.

A Mentor is a trusted, experienced counselor or guide and a teacher, tutor, coach, motivator, sponsor, advisor, referral agent, role model, and door opener; displays a sincere desire to enhance the success of others by volunteering time to help the Associate and uses motivational, influencing skills; is patient, and exhibits good interpersonal skills including honesty, integrity and trustworthiness.

I agree to serve as a Mentor. I understand that I will be assigned one Associate and that I will be expected to share my experiences, advice and guidance with them. I understand that a reasonable amount of my duty time and some non-duty time may also be required. I agree to serve in this capacity for 6 months or up to a year unless changing circumstances create an undue hardship.

(Signature of Mentor) _____ Date _____

Acknowledgement of Supervisor:

(Signature of Supervisor) _____ Date _____

FOR THE ASSOCIATE

An Associate is an achiever—a bright and motivated person destined for career enhancement by being provided opportunities to grow and excel; they are receptive and ready to apply themselves in order to grow. The Associate actively participates in the program, taking full advantage of the services and assistance offered; learns from the experiences and personal attributes of the Mentor; clarifies expectations of the program and the mentoring relationship; listens, hears, and is ready to work towards achieving realistic, challenging personal and professional goals towards career enhancement and self improvement.

I request to participate in the Mentor Program as an Associate. I understand and agree that this program is voluntary, and I may withdraw from it at any time I choose. The length of the program is 6 months or up to a year; with my supervisor's concurrence, I may be afforded reasonable duty time for this purpose. My participation in this program is not a guarantee of training, assignments or promotion. All recommended formal training is subject to applicable regulations and availability of funds. I will make a strong personal commitment to the mentoring relationship by setting realistic, firm goals for myself with the Mentor's guidance.

(Signature of Associate) _____ Date _____

Acknowledgement of Supervisor:

(Signature of Supervisor) _____ Date _____

ACKNOWLEDGEMENT OF EXTENSION

We, Mentor and Associate, with supervisor's concurrence, agree to extend the term of the Mentoring Agreement above, for a period of 6 months or up to a year, to include the period of time in which the next phase of the Mentor Program will be held.

(Signature of Associate) _____ Date _____ (Signature of Mentor) _____ Date _____

Acknowledgement of Supervisor:

Acknowledgement of Supervisor:

(Signature of Supervisor) _____ Date _____ (Signature of Supervisor) _____ Date _____