HHS MENTORING PROGRAM: Partnering for Excellence

Appendix A - Mentoring Agreement

This agreement remains in effect for twelve months and may be terminated at any time, by either the mentee or mentor. We agree to the following parameters:

1. To retain confidentiality of information shared between parties.
2. To communicate periodically with the OPDIV program manager on progress reviews.
3. To communicate a minimum of once a month.
4. To participate in the evaluation of the mentoring program.

Mentoring Partnership Objectives
As a result of working with a mentor I would like to accomplish the following:

_______________________________________________________________________________________________________________

Role of the Mentor
I will support my mentee’s developmental process by (i.e., helping to develop and monitor his/her mentoring action plan, sharing organizational insight, expanding his/her network, acting as a sounding board, providing developmental feedback):

_______________________________________________________________________________________________________________

Supervisor Investment
We plan to gain commitment from the supervisor by:

_______________________________________________________________________________________________________________

Meeting Logistics
Our meetings will generally take place at this time:

Location (in person or virtual):

Frequency: ____________________________ Length: ____________________________ Initiator:

Signatures:

Mentee ____________________________ Date_________ Mentor ____________________________ Date_____

U. S. Department of Health and Human Services