



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** _____