

## Nicole Edwards Blynd Faith Outreach Ministry 2302 Nash Street N Suite 306 Wilson, NC 27896 (301) 707-4306

"Helping youth find their independence while providing them with a safe place to thrive"

## **Mentoring Agreement**

Mentor Name:  Mentee Name:  Date:						
				We are b	ooth voluntarily entering this partnership. We agre	e that
				1. 2. 3. 4.	The mentoring relationship will last for (this period will be evaluated at regular intervals).  We will meet every at (meeting times, once agreed, should not be cancelled unless this is unavoidable). At the end of each meeting, we will agree a date for the next meeting.  Each meeting will last In between meetings, we will contact each other via telephone/email:  Email(Mentor): Email(Mentee):	
5.	The goal of our partnership is to discuss and aim a) b) c)					
6.	We agree that the role of the mentor is:					
7. —	We agree that the role of the mentee is:					
11.	The mentor agrees to be honest and provide consfeedback.  We have discussed boundaries and agreed upon	ered.				
Mentor'	s signature:	Date:				
Mentee's signature:		Date:				
	next review:					