

## NOVA/Dulles SHRM Mentoring Partner Agreement Form

Mentoring Partner A: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mentoring Partner B: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

\_\_\_\_\_  
Mentoring Partner A's Expectations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mentoring Partner B's Expectations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Frequency and Type of Meetings (face-to-face, telephone, e-mail): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We have discussed and agreed to a mentoring partnership with the understanding that we will maintain confidentiality. Should a problem arise that cannot be resolved, we will seek advice and/or counsel from our Peer Mentoring Liaison or the Mentoring Program Director.

Mentoring Partner A Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentoring Partner B Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: File a copy of this with your Mentoring Liaison and retain a copy for your records.*