

MENTOR/ MENTEE CONTRACT

I, _____ agree to participate in the Safety Net Mentor Program with my mentor, _____.

I agree to give our friendship an honest effort. I will cooperate with him/her, and be truthful. I will return all telephone calls. I will do my best to be ready for all our appointments. If there is a good reason I will be late, or I cannot make the appointment, I will let my mentor know in advance. I will be willing to try new activities and learn new things.

I, _____ agree to participate in the Safety Net Mentor Program with my mentee, _____.

I agree to give our friendship an honest effort. I will meet with him/her at least once weekly. If there is a good reason I cannot make our appointment, I will let my mentee know in advance. I will listen to the feelings of my mentee, and respect his point of view.

Mentee signature

Mentor Signature



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