## **Mentor Contract**

Name:	Date:
By choosing to participate in the ROCKS, Inc	e. Mentorship Program, I agree to:
program policies, and this contract  Be flexible and provide the necessary su  Make a one-year commitment to being a  Meet at least eight hours per month with  Make at least weekly contact with my m  Be on time for scheduled meetings or ca unable to make a meeting  Submit monthly meeting times and activ openly communicate with the program  Inform the program coordinator of any or relationship  Keep any information that my mentee to others harm  Participate in a closure process when the	a my mentee at least 24 hours beforehand if I am wities to the program coordinator, and regularly and m coordinator as requested difficulties or areas of concern that may arise in the ells me confidential except as may cause him or at time comes any changes in address, phone number, or
	n match closure, future contact with my mentee is rship Program and may happen only by the mutual
I agree to follow all the above stipulations of instructed by the program coordinator at this	this program as well as any other conditions as time or in the future.
(Signature)	(Date)