**Council Mentor Program**

**Mentor/Mentee Written Agreement Form**

**Purpose:**

This mentoring agreement was created to ensure mentees and mentors develop a mutual understanding of expectations from the beginning of their relationship. Additionally, it creates a list of goals to work toward and evaluate progress.

**This contract will help each mentee/mentor pair:**

1. Establish communication expectations
2. Identify goals for this mentoring relationship
3. Outline skill areas to be enhanced or developed through this partnership

The overall goal of the NE Brain Injury Advisory Council Mentor Program is to ensure the full participation of all council members and to decrease council member turn over. The program is designed to be one year in duration. By signing this agreement, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to fulfilling the following expectations/each expectation can take place in person or virtually:

(please check each item if you agree to the expectation outlined)

\_\_\_\_\_ Commit to the one-year mentee/mentor program

\_\_\_\_\_ Attend the council orientation

\_\_\_\_\_ Meet with my mentor/mentee prior to the first council meeting

\_\_\_\_\_ Meet following the first council meeting to ask/answer mentee questions

\_\_\_\_\_ Meet prior to second, third, and fourth council meetings

\_\_\_\_\_ Meet with mentee following second, third, and fourth council meetings

This mentor/mentee relationship is meant to be specific to mentorship as it relates to being a Brain Injury Advisory Council member. Initial that you understand and agree to this \_\_\_\_\_.

Mentee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Identified Needs of Mentee:**

*Identified needs shall relate directly to the mentee’s ability to be a fully participating member of the NE Brain Injury Advisory Council.*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Goals of Mentee:***Goals need to be related to the enhancement or development of understanding of the NE Brain Injury Advisory Council to ensure the mentee can fully participate as a council member.*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_