



## COUNTY OF YOLO

### Mentoring Program - Initial Mentoring Agreement

Mentor: \_\_\_\_\_

Mentee: \_\_\_\_\_

This optional agreement outlines the goals and expectations that have been agreed upon for this mentoring partnership. This form is not a requirement for participation in the Department Mentoring Program, but can provide a helpful guideline for discussing goals and boundaries. Any mentoring agreement is not binding. It may be helpful to periodically revisit this agreement and adjust as needed.

**Preferred form of communication in between meetings:**

- Phone Calls
- Emails

**Frequency of meetings:**

- Daily
- Weekly
- Monthly

**Are there specific days or hours that you will not be available?**

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**Anticipated mentoring hours per month:**

- 1 – 2
- 3 – 4
- 5 – 10
- 11 or More

**Anticipated length of partnership:**

- Short-term (3 to 6 months)
- Mid-term (6 months to 1 year)
- Long-term (In excess of one year)

**Primary focus and goals of partnership:** (Discuss and agree upon focus and goals)

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**How we'll know we have been successful** (Discuss how you will measure progress on both the mentee's goals and the partnership itself):

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Mentor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_