



**BBSHRM Human Resources Mentoring Program
Mentor/Mentee Agreement Form**

Mentor Name: _____

Telephone: _____ E-mail: _____

Mentee Name: _____

Telephone: _____ E-mail: _____

Mentor expectations: _____

Mentee expectations: _____

Meeting type and frequency (virtual, telephonic, in-person, etc): _____

We have discussed and agreed to a mentoring relationship. We have reviewed the program requirements and guidelines and agree that any problems or questions related to the program will be brought to the attention of the BBSHRM Mentoring Chairperson in a timely manner.

We understand and agree that it is important to be able to develop a trust relationship between the mentor and mentee, and as such, we will respect the need for confidentiality when discussing sensitive topics and issues. When there is an expectation that a discussion is to remain private, we will openly convey this intent to the other person.

Mentor signature: _____ Date: _____

Mentee signature: _____ Date: _____

Please provide a signed copy of this agreement to the BBSHRM Mentoring Chairperson and keep a copy for your records.