



CAMBER
OUTDOORS

Mentoring Partnership Agreement

Name of Mentor: _____

Name of Mentee: _____

**Frequency of Communication: (best practice suggests bi-weekly calendared appointments)*

Modes of Communication:

Mentee's Top 3 Expectations for the Mentor:

1. _____

2. _____

Mentor's Top 3 Expectations for the Mentee:

1. _____

2. _____

3. _____

Mentee's Signature

Mentor's Signature

**If either a mentor or a mentee miss two consecutive meetings without a solid time to reschedule it's expected that either the mentor or mentee contact the program admin to set up a time to discuss communication protocols.*