Elmhurst University

MENTOR AGREEMENT

I, _____ wish to participate as a mentor in the Elmhurst University Weigand Center for Professional Excellence Mentoring Program. I agree to do the following:

1. Complete a Professional Profile form and return it to the Mentoring Program Coordinator at the Center for Professional Excellence (*mentprot@elmhurst.edu*).
2. Attend a Virtual Mentor Orientation Workshop provided to all professionals participating in the Mentoring Program initiatives as a new mentor and once every 3 years as a refresher.
3. Review and use as a reference guide, the Mentor Handbook available on the College website at (https://www.elmhurst.edu/academics/career-education/mentoring-and-shadowing/). *If you prefer a hardcopy, contact the Mentoring Program Coordinator at 630-617-3188 or mentprot@elmhurst.edu, and one will be provided to you.*
4. Meet with my protégé once per month, or as agreed either in person, while adhering to government guidelines for social distancing; or remotely (via phone, Skype, or Zoom) during the academic year beginning in September and ending in May.
5. Notify my protégé if I cannot meet with him/her for any reason and rescheduled any cancelled meetings.
6. Respond to check-ins and returned surveys (two per year) promptly.
7. Be a resource to my protégé between our regularly scheduled meetings.
8. Communicate in a timely manner with the Mentoring Program Coordinator (630-617-3188) if I feel uncomfortable or experience problems during my participation in the Mentoring Program.
9. Facilitate and engage in short-term career exploration experiences in the form of informational interviews and/or shadowing experiences from time to time as my situation permits.

Mentor Signature: _____

Date: _____

IMA GOLD Accreditation
International Mentoring Association Seal of Accreditation

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