

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 Director at the Weigand Center for Professional Excellence (mentprot@elmhurst.edu).
2. Attend a Virtual Mentor Orientation Workshop provided to all professionals participating in the Mentoring Program initiatives.
3. Review and use as a reference guide, the Mentor Handbook available on the University website at <https://www.elmhurst.edu/academics/career-education/mentoring-and-shadowing/>. (If you prefer a hardcopy, contact the Mentoring Program Director at 630-617-3140 or mentprot@elmhurst.edu and one will be provided for you.)
4. Meet with my protégé at least once a month in person, when possible, while adhering to the government guidelines for social distancing, or remotely (via phone, Skype, or Zoom), if need be, 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. Email the Weigand Center for Professional Excellence a check-in summary of your meetings with your protégé (s) when necessary. Check-ins can be emailed to mentprot@elmhurst.edu.
7. Be a resource to my protégé between our regularly scheduled monthly meetings.
8. Communicate in a timely manner with the Mentoring Program Director (630-617-3140) 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, if possible, from time to time as my situation permits.

Mentor Signature: _____

Date: _____



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