



5901 O STREET • LINCOLN, NE 68510
(402) 436-1990 • www.lincolnteammates.org

MENTEE / MENTOR AGREEMENT

(The agreement is to be discussed and signed in the presence of the mentee, the mentor and the TeamMates Facilitator.)

MENTEE

I, _____, agree to work with my mentor and the people at my school to be as successful as I can be.
Print Student Name

I agree to:

- commit to a **minimum** of one school year with the goal of staying with my mentor through high school graduation;
- meet with my mentor weekly;
- follow my school's rules (or Code of Conduct);
- refuse to do anything illegal;
- ask my parent or guardian, my mentor, or my school if I need help;
- set goals the best I can;
- get to school every day;
- be on time each day;
- work to improve myself;
- treat others and myself with respect.

Student Signature

Date

Parent signature removed

MENTOR

I, _____, agree to assist my student any way I can.
Print Mentor Name

I agree to:

- commit to a **minimum** of one school year with the goal of staying with my mentee through high school graduation;
- meet with my student weekly;
- provide encouragement and support;
- set goals for improvement in specific areas we decide on together;
- encourage my student to graduate from high school.

Mentor Signature

Date

TeamMates Facilitator

School

Date

****All three ORIGINAL signatures are required.**
Make a **COPY** for the **STUDENT'S RED FOLDER** and send **ORIGINAL** through school mail to TeamMates Box 35.

Mentee Training Checklist:

Yes	No	Question
		I understand that TeamMates is a one to one mentoring program that matches caring adults with students.
		I understand that I will meet with my mentor once a week at school for support and encouragement.
		I understand that the goal is that I have a mentor to help me develop my leadership skills and talents until I graduate from high school.
		I understand that I need to be at school on meeting days and be on time for meetings.
		I understand that my mentor will keep your conversation private unless you tell them you are being hurt, plan to hurt others, or are involved in harmful behavior
		I understand that I cannot ask my mentor for gifts or money.

Student Signature

Facilitator Signature

Date

Mentor School Orientation Checklist:

Yes	No	Question
		I understand my meeting time and day and how to change it if needed.
		I understand who to contact to verify that my mentee is at school on the meeting day and who to contact if I cannot meet my mentee on the planned day..
		I know where to find the security personnel when I arrive and that I am to check in as a TeamMate Mentor or sign in as such if no security personnel is available.
		I am aware of the class/lunch schedule for this school.
		I have been given a school calendar so I know when school is in session .
		I know how to find out when special events occur at the school that I might attend to support my mentee.
		I have been given a tour of the school and know where to park.
		I am aware that meeting with my mentee 24 or more times out of the 36 weeks of school is the TeamMates goal.
		I understand that I may not provide my mentee with gifts or money or bring lunch to our meetings.
		I understand that in the best interest of the student, I will contact the facilitator in advance if I need to end this match for any reason so a positive conclusion can be arranged.
		I understand how to communicate with the school facilitator by phone and/or email and am aware the facilitator is available to assist me with any concern I may have.

Mentor Signature

Facilitator Signature

Date.