



## MENTOR AGREEMENT

I, \_\_\_\_\_, wish to participate as a mentor in the Elmhurst College 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.
2. Attend a 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 College website at [CPEessentials.com](http://CPEessentials.com). *If you prefer a hardcopy, contact the Mentoring Program Coordinator at 630-617-3188 or [mentprot@elmhurst.edu](mailto:mentprot@elmhurst.edu), and one will be provided to you.*
4. Meet with my protégé at least once a month in person 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. Complete and forward a copy of the Mentor Activity Report after each meeting with my protégé to the Center for Professional Excellence.
7. Be a resource to my protégé between our regularly scheduled monthly 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: \_\_\_\_\_

