



Mentor Program Agreement

Directions: After your first meeting, fill this agreement out with your mentor/ mentee. This form is designed to assist you in establishing mutual expectations and tailoring a program that best suits both of you. This agreement will cover the period from: August to May

Once the form is complete, please return a copy to mentor@diversifydietetics.org by **October 1st**

We herein agree to the Diversify Dietetics Mentor Program Standards:

- To dedicate time to the mentoring initiative by meeting at least once a month.
- To establish a schedule for subsequent meetings in advance when possible.
- To maintain confidentiality on identified sensitive matters.
- To clearly communicate in a timely manner and respect each other's time and outside commitments.
- To maintain communication with DD program staff should any issues or questions arise.
- To correspond with DD program staff in relation to program feedback and formal evaluations.
 - Evaluation plan includes 1 pre-survey, 1 mid-point survey, and 1 post survey per participant

In addition to the program standards we jointly agree to our own expectations

Mentor:

Mentee:

Mentor Name: _____ Signature: _____

Mentee Name: _____ Signature: _____

Program Staff Use Only

Date Received: _____