



# EOSD Mentorship Agreement Form

Employment Opportunity for Students with Disabilities (EOSD)

Mentorship Program



## Context

This agreement outlines our mutual goals, responsibilities and expectations and serves as our commitment to this mentoring relationship as part of the [Employment Opportunity for Disability \(EOSD\)](#) program.

### Mentee to complete individually.

As a mentee, I agree to:

- Communicate openly with my mentor
- Solicit and accept feedback from my mentor
- Come to each meeting prepared to discuss agreed-upon topics
- Work through my career development goals
- Seek meetings with my mentor as required

Mentee's primary expectations from my mentor:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Mentor to complete individually.

As a mentor, I agree to:

- Provide honest, constructive feedback in a supportive way
- Maintain confidentiality
- Share my experiences, good and bad
- Provide support and suggestions to support my mentee's career development goals
- Come to each meeting prepared to discuss agreed-upon topics
- Seek meetings with my mentee as required

Mentor's primary expectations from my mentee:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### Mentee and mentor to complete together.

List the goals you agree to work on together:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Indicate the timelines of the mentorship:

Start on date: \_\_\_\_\_

End on date: \_\_\_\_\_

Indicate the frequency of meetings:

Mentoring will take place on a \_\_\_\_\_ basis (fill in availability – e.g. weekly, bi-weekly, monthly basis, etc.)

Mentoring sessions will take \_\_\_\_\_ minutes (fill in length of session – e.g. 30 minutes, 45 minutes, etc.)

Names and Signatures:

Mentor Name: \_\_\_\_\_

Mentor Signature: \_\_\_\_\_

Mentee Name: \_\_\_\_\_

Mentee Signature \_\_\_\_\_