IAI Mentoring Program
Initial Mentoring Agreement

Mentor: _______________________________________
Protégé(s): ___________________________________

This agreement outlines the goals and expectations that have been agreed upon for the mentoring partnership between the above mentoring pair. This form is not a requirement for participation in the Mentoring Program, but can be a helpful guideline in setting goals and boundaries.

Preferred form of interaction (select 1 or more):
☐ Phone Calls
☐ Emails
☐ Meeting at or near Workplace
☐ Meeting at Conferences and Local Events

Frequency of meetings/calls:
☐ Weekly
☐ Monthly
☐ Bi-Monthly
☐ Quarterly

Are there specific days or hours that you will not be available?: _______________________________________

Mentoring hours per month:
☐ 1-2
☐ 2-4
☐ 5-10
☐ 10 or more

Meeting arrangements (chat, email, face-to-face meetings):

Expected outcomes:

Expected activities (mentor and protégé(s)):

Signatures:
Mentor: ___________________________ Date: _____
Protégé: ___________________________ Date: _____

For more information about the IAI Mentoring Program, please contact our Mentoring Coordinator at mentoring@iainstitute.org or visit the IAI Mentoring website at http://iainstitute.org/mentoring/. 