

## 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):

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Phone Calls | <input type="checkbox"/> Meeting at or near Workplace            |
| <input type="checkbox"/> Emails      | <input type="checkbox"/> Meeting at Conferences and Local Events |

Frequency of meetings/calls:

- |                                  |                                     |
|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Weekly  | <input type="checkbox"/> Bi-Monthly |
| <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly  |

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

Mentoring hours per month:

- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 5-10       |
| <input type="checkbox"/> 2-4 | <input type="checkbox"/> 10 or more |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected outcomes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected activities (mentor and protégé (s)):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures:

Mentor: \_\_\_\_\_ Date: \_\_\_\_\_

Protégé: \_\_\_\_\_ Date: \_\_\_\_\_