



## **Strong Survivors Mentorship Program**

### **Mentorship Agreement Contract**

*Empowering African American girls and young women ages 13–20*

#### ◆ **Program agreement**

This Mentorship Agreement outlines the commitment between a **Mentor** and a **Mentee** participating in the Strong Survivors Mentorship Program. We aim to foster personal growth, leadership, confidence, healing, and mental wellness through meaningful one-on-one support and guidance.

#### ◆ **Mentee Information**

**Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Phone/Email (if applicable):** \_\_\_\_\_

#### ◆ **Mentor Information**

**Name:** \_\_\_\_\_

**Phone/Email:** \_\_\_\_\_

#### ◆ **Term of Agreement**

This agreement begins on: \_\_\_\_\_

This agreement ends on: \_\_\_\_\_

(Minimum commitment: 12mos)

## Mentor Responsibilities

As a Mentor, I agree to:

- Provide positive, respectful, and supportive guidance.
- Meet or communicate with my mentee at least **once per month**.
- Keep all conversations confidential (unless safety concerns arise).
- Encourage healthy decision-making and goal setting.
- Be a positive role model and actively listen without judgment.
- Attend required trainings and check-ins with program staff.

### ◆ Mentee Responsibilities

As a Mentee, I agree to:

- Be open to learning and growing with my mentor.
- Show respect and honesty in my communication.
- Attend scheduled meetings or notify my mentor if I am unable to attend.
- Participate in workshops, activities, and check-ins.
- Share any concerns or problems with my mentor.

### ◆ Boundaries & Safety

- This is a **safe, supportive, and non-judgmental space**.
- **No financial or inappropriate relationships** are allowed.
- Mentors can provide transportation, with parents' consent
- No gifts over \$25, or unsupervised home visits.
- All concerns regarding safety or misconduct will be reported immediately to the Program Director.

### ◆ Confidentiality Agreement

Both mentor and mentee agree to maintain confidentiality. However, **if someone is in danger of being hurt or others**, we must report it to the appropriate adult or authority for safety.

◆ **Voluntary Participation**

Participation is voluntary and may be ended at any time by either party with notice to program staff. We ask that both parties communicate openly and respectfully.

◆ **Signatures**

**Mentee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mentor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_