



AMPHO Mentorship Program Mentoring Agreement

Mentee's Name: _____ Mentor's Name: _____

We are both voluntarily entering into this mentoring partnership. We wish for this to be a rewarding experience for both parties and will spend most of our time discussing educational, professional, and career development activities.

We agree ...

1. The mentoring relationship will last from August 2017 until July 2018.
2. To meet at least monthly by phone. Meeting times once scheduled will not be canceled except for unforeseen circumstances. At the end of each meeting we will schedule a day and time for the next meeting.
3. Between meetings, we may contact each other by email, phone or text, with _____ being the preferred method.
4. The role of the mentor is to serve as a peer coach for the mentee and share from his or her own knowledge, expertise, experience, and point of view. Local health departments may have different challenges, processes, and personalities; some even have different governance structures. The mentor's role is to be a sounding board when needed, who can provide some discernment in terms of assessing a situation that the mentee is encountering, but is not responsible for any actions of the mentee before, during or after this program is completed.

We also agree that the responsibilities of the mentor are to:

- Support the mentee's learning process,
- Provide feedback to the mentee,
- Share knowledge, expertise, and experiences with the mentee,
- Be open to learning from the mentee,
- Support, coach, and encourage the mentee,
- Keep the mentee on track to achieve his/her individual development plan (IDP).
- Attend in-person learning sessions and webinars,
- Maintain agreed upon contact frequency and allocate time and energy for meetings,
- Participate in the full program, including the evaluation component.

5. The role of a Montana lead local public health official is a complex one, full of nuances in public health law, dealings with county and state officials, and employee management. The goal of this program is to support new LLPHOs as they assume that role. We also agree the mentee is solely responsible for his or her agency, and his or her own actions and decisions made before, during or after he or she is in this program. Providing the mentee with the support and helpful advice of a mentor and the support of the Association of Montana Public Health Officials (AMPHO) is not a substitute for the mentee’s own judgment. Mentors or others delivering or participating in this program are not responsible for a mentee’s actions or decisions made before, during or after participation in the program.

The mentee’s responsibilities include the following:

- Seek feedback from your mentor,
- Be a proactive learner,
- Be open to what the mentor can share,
- Develop goals for your IDP and track your progress in achieving them,
- Attend in-person learning sessions and webinars,
- Maintain agreed upon contact frequency and allocate time and energy to meetings,
- Participate in the full program, including evaluation component.

6. All information shared between the mentee and mentor is confidential, and may only be shared if both parties agree.
7. If the Mentor and Mentee pair agree to have one or two site visits to each other’s health departments, arrangements regarding time and place will be mutually agreed upon at least two weeks prior to the visit.
8. The Mentor agrees to be honest and provide constructive feedback to the mentee.
9. The Mentee agrees to be open to feedback.
10. We agree to the following additional terms (use other side if you wish to add to the agreement).

_____ Date _____
Mentee’s Signature

_____ Date _____
Mentor’s Signature