



TCS Mentor Agreement

Please initial each of the following:

_____ I understand that my participation in the mentoring program is on a volunteer basis.

_____ I understand that I must communicate regularly and openly with program staff, provide weekly information regarding my mentoring activities, and give and receive feedback.

_____ I understand that I am required to attend an initial mentor training session and additional training during my mentoring relationship.

_____ I agree to follow all mentoring program guidelines and understand that any violation will result in suspension and/or termination of the mentoring relationship.

_____ I agree to notify TCS staff if I have reason to believe a student may be engaging in behavior that could be dangerous to themselves or to others.

_____ I understand that through the course of my service I may be privy to confidential information regarding students, staff and/or the Food Bank of Delaware. I agree that I will maintain confidentiality except in instances of where maintaining confidentiality may result in a danger to students or others.

_____ I understand that I or the Food Bank of Delaware may terminate my participation in the mentoring program at any time.

_____ I understand that the Food Bank of Delaware is not obligated to provide a reason for their decision to terminate my participation in the mentoring program.

_____ (optional) I agree to allow the Food Bank of Delaware to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

I agree to the above guidelines.

Printed Name: _____

Signature: _____ Date: _____