

Mentorship Agreement Form

Student Name: _____

For students to complete the Service Learning Capstone course, they must work with a Mentor who has expertise in the area they are focusing their service project on. The Mentor must be willing to verify the student's efforts and time spent and assist the student as they complete their experience. If you are willing to serve as this student's Mentor, please complete the form below.

Neither the School District nor the training station employer shall discriminate against any student or employee based on race, color, national origin, sex, marital status, parental status, or handicap in employment practices or on-the-job training experiences.

I agree to serve as a Mentor for the above named student for their Service Learning Capstone.

Mentor Name: _____

Address: _____

Phone: _____ **Email:** _____

Relationship to Student: _____

Capstone Coordinator/Advisor Signature

Date

Student Signature

Date

Parent Signature

Date

Service Learning Mentor Signature

Date