



FDOE Mentor Agreement Form

This agreement is a partnership between you (the mentor) and the school or community service.

Print employee name:		People First User ID:		New or repeat mentor:	
Division / Bureau / Section:					
Work email address:		Work phone #:			
Work location:		Mentoring Location:			
School or organization:			School or organization contact name: School or organization phone #:		
Description of mentoring duties:					
Mentoring: (check all that apply)	<input type="checkbox"/> Work one-on-one with the same individual <input type="checkbox"/> Work consistently with the same group of less than 4	<input type="checkbox"/> Long-term partnership (e.g., summer, school year or full year) <input type="checkbox"/> Takes place primarily during regular work schedule	<input type="checkbox"/> Takes place at school <input type="checkbox"/> Takes place via e-mail <input type="checkbox"/> Regular meetings (weekly)		
Volunteer: (check all that apply)	<input type="checkbox"/> Work with a group of more than 4 <input type="checkbox"/> Working with classes(s), team(s) or club(s)	<input type="checkbox"/> Event based (History Fair, Career Day) <input type="checkbox"/> Irregular or occasional meetings <input type="checkbox"/> Takes place primarily outside of regular work schedule	<input type="checkbox"/> Takes place at work site <input type="checkbox"/> Takes place at other location(s): <input type="checkbox"/> Other		
Schedule	Period: <input type="checkbox"/> Summer: <input type="checkbox"/> School year: <input type="checkbox"/> Other:				
	Monday	Tuesday	Wednesday	Thursday	Friday
Enter time: (hours, excluding travel; e.g., 1 hr.: 11:30 AM to 12:30 PM)					

Note: Employees volunteering for the DOE Mentoring Program may be subject to a background check and fingerprinting by the school or community organization for whom they wish to mentor/volunteer.

I understand and agree that mentor/volunteer activities are not performed in the course and scope of my employment with DOE, that my participation is not in any way required by DOE, and that my mentor/volunteer activities are for the benefit of the school/organization for which I am providing services. I further understand that I am not eligible for workers' compensation benefits from the State/DOE if injured while performing mentor/volunteer services or while traveling to and from those activities. It is my responsibility to determine if the school/organization provides me with workers' compensation coverage.

When your participation in the DOE Mentoring Program is approved by your supervisor and division director, you will be granted up to one hour of administrative leave per week, not to exceed 5 hours per month, to participate in the Florida Mentoring Partnership. In order to volunteer for special events and programs at the school, the employee/volunteer also must receive prior approval.

Mentor/Volunteer:			
	Print Name	Signature	Date
School/Community Organization:			
	Print Name	Signature	Date
Immediate Supervisor:			
	Print Name	Signature	Date
Division Director:			
	Print Name	Signature	Date

Please return the completed and signed form to:
 Department of Education: 850-245-0484
 Bureau of Personnel Management, 325 W. Gaines St., 101 Turlington Bldg., Tallahassee, FL 32399-0400