



TROUP COUNTY BOARD OF EDUCATION

100 N. Davis Rd. Bldg. C, LaGrange, GA 30240 (706)812-7900 Fax (706)812-7904

Mentor/Mentee Agreement Form

Student/Mentee Name _____

Teacher/Advisor Name _____

Career Interest Area for Project _____

Project Description (Must include career-field and how the mentor you selected relates to your career field; not to exceed 100 words--use back or attach additional page, if necessary).

Goals of the Capstone Project

The goals of the capstone project:

- provide students with the opportunity to apply the knowledge and skills acquired in their courses to do research relating to a career interest area
- allow students to extend their academic experience into areas of personal career interests, to include working with new ideas, issues, organizations, and individuals
- encourage students to think critically and creatively about academic, professional, and/or social issues and to further develop their analytical and ethical leadership skills
- provide students with the opportunity to refine research skills and demonstrate their proficiency in written and/or oral communication skills

Mentor/Mentee Agreement Form

Mentor Name _____

Mentor Contact Information

Business Name or Occupation _____

Street Address _____

City, State, Zip _____

Phone # _____

Email address _____

Briefly describe the qualifications that you feel would make you suitable as a mentor for this student's capstone project (*OPTIONAL*):

Agreement

Mentor:

I agree to serve as a mentor for the duration of this project. During this period, I will provide information and experiences that would assist the mentee in completion of the project requirements. However, as a volunteer mentor, I also understand that I will not be held responsible or liable for the outcome of the project.

Mentee/Student:

I understand that in order to meet the requirements of the Capstone Project, my mentor hours must relate to the career-field I selected for the capstone project. I understand that I must complete eight (8) hours with my mentor and submit all required documentation to complete the project.

Signatures

Student Signature _____ Date _____

Parent Signature _____ Date _____

Teacher/Advisor Signature _____ Date _____

Mentor Signature _____ Date _____