



MENTORING APPLICATION
PROTÉGÉ

100 BLACK MEN OF MARYLAND, INC.
PROTÉGÉ/PARENT CONTRACT

I, _____, agree to participate in the 100 Black Men of Maryland, Inc. program. I understand that the mentor is a volunteer who wants to help me climb the passage to power and will act as a friend, advisor, and role model. I also understand that no monetary assistance is provided by the mentor or the program.

I understand that the mentor agrees to meet with regularly, in a group setting at first and perhaps in a one to one relationship should a suitable match be found, for the duration of 1 calendar year.

In return, I agree to:

- Strive to build a positive, purposeful and powerful relationship with my mentor;
- Keep all appointments with my mentor;
- Notify my mentor (in advance) and the program coordinator if I cannot keep an appointment with him for any reason;
- Respect the guidelines set by my mentoring program;
- Attend all required program activities to the best of my ability and to give advance notice when I cannot;
- Abide by the rules and regulations of the program;
- Communicate with the **program coordinator** if I feel uncomfortable or experience problems at any time during the program;
- Fill out a survey at the end of the term to allow progress to be charted.

I understand that if I miss three mentoring sessions I **may** lose the privilege of participating in the mentoring program of the 100 Black Men of Maryland, Inc.

_____/_____
Parent/Guardian Signature / Date

_____/_____
Program Coordinator / Date

_____/_____
Parent/Guardian Signature / Date

_____/_____
Protégé Signature / Date

Please bring this form with you.

Please wait to sign in the office in the presence of the **Program Coordinator**. The two parent signatures are for families with two parents involved in the child's life. Where, by law, only one parent is involved in the child's life, there is no need for the second signature for Parent/Guardian)