***ASTD-TCC Partners in Learning Agreement Form***

As a participating member in the ASTD-TCC Partners in Learning Mentorship program, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , confirm and agree to:

* attend kickoff orientation (if you are not able to attend, you will view the webinar)
* have read the ASTD-TCC Partners in Learning Mentorship Handbook
* the policies and procedures stated in the Partners in Learning Mentorship Handbook
* the timeline and time commitment required
* commit to my mentorship relationship for a total of six months
* be on time and prepared for scheduled meetings
* engage in the relationship with an open mind
* keep discussions within my relationship and this program confidential
* seek additional assistance when needed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

***CONTACT INFORMATION AGREEMENT***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to share my photo and biography on the ASTD-TCC Partners in Learning Mentor Program home page.

YES

NO

Please share my contact information on the mentorship participant contact list. This is only availa available to mentor program members.

***\*Note: Personal contact information will not be listed (i.e. phone, e-mail, web). Just name, photo, and short bio.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**