

SSOA MENTOR PROGRAM AGREEMENT

MENTOR

MENTEE

Name _____

Address _____

Home Phone _____

Cell _____

E-mail _____

Unless otherwise stipulated, it is agreed that, (Mentor) _____ will provide advice, guidance and support to (Mentee) _____ for a period of two full seasons to include the following at a minimum:

- The Mentor will observe and/or work with the Mentee three times per season.

Dates Accomplished: _____

- The Mentee will observe the Mentor or designee on at least one varsity game.

Dates Accomplished: _____

- The Mentor/Mentee will personally communicate with each other every two weeks or more frequently.

Mentor Signature & Date

Mentee Signature & Date

At the conclusion of each season, use the back of this form to provide thoughts, comments and/or suggestions to assist in improving this program.

Dan Hudson, Program Administrator

Dan Hudson 732 - 389 - 2942

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