## **Annual Mentorship Program Commitment Form**

## **Personal Information**

Full Name	
Email Address	 
Phone Number	
Role (Mentor/Mentee)	<b>-</b>
Commitment	
What do you hope to achieve during the program?	
I agree to commit to the program for (months):	
Expected hours per month:	
Agreement	
By signing below, I acknowledge the expectations of the mentorship program and agree to commit to the responsibilities as outlined.  Signature	
Date	