MENTORSHIP ACCEPTANCE FORM

The key to an effective mentorship program is selecting the right mentor. You will want successful results throughout your career at FRCSW and it is important to select a mentor you can trust, respect and approach for guidance and advice. Within 60 days of checking in, you shall select a mentor using this Mentor Acceptance Form. If you decide to select another mentor, you must receive a new enclosure form from the Divisional Mentorship Program Coordinator.

PROTEGE'S NAME: _____ RATE: _____

DIVISION: _____ WORK #: _____ HOME #: _____

EMAIL ADDRESS: _____

The above service member is requesting your guidance and leadership throughout their tour at FRCSW by signing this agreement you agree to mentor both professionally and personally.

MENTOR'S NAME: _____ DIVISION: _____

WORK #: _____ HOME #: _____

EMAIL ADDRESS: _____

_____ _____

MENTOR'S SIGNATURE DATE

As a participant in the Command Mentorship Program, I commit to working with my mentor and attend all scheduled meetings/classes recommended to me. I will communicate with my mentor at least monthly. I will accept guidance, leadership and partnership with my mentor. I will ensure my communication is clear, precise and open. I will develop both short-term and long-term professional or personal goals with the guidance of my mentor and be open to coaching and feedback whenever it is offered.

_____ _____

PROTEGE'S SIGNATURE DATE

ROUTE	RECOMMENDATION		RATE, LAST NAME	DATE
W/C SUP	YES ☐	NO ☐		
LPO	YES ☐	NO ☐		
BRANCH CPO	YES ☐	NO ☐		
DIV LCPO	YES ☐	NO ☐		