MCAS CHERRY POINT
CIVILIAN CAREER LEADERSHIP AND DEVELOPMENT

MENTOR AND PARTICIPANT AGREEMENT

PRIVACY ACT STATEMENT

Under the AUTHORITY 5 U.S.C. 1302 and E.O. 9397 (SSN), this form is for official use only. The PURPOSE of this form is to provide the Office of Personnel Management and other official repositories for records maintain general personnel records, reports of personnel action, and the documents and papers required in connection with these actions effected during an employee's Federal service. ROUTINE USES of this form can disclose information to a Federal agency in the executive, legislative, or judicial branch of government, in response to its request, or at the completion of the agency maintaining records, information in connection with the transferring or separation of an employee and the debriefing of a security clearance. DISCLOSURE is MANDATORY for proper documentation, filing and maintaining of separating Federal employees.

Participant's Name:_____

Mentor's Name:_____

Terms of Agreement

Confidentiality. All information between the Participant and the Mentor shall be confidential and only shared with other parties if both agree.

Expectations. It is expected that the Mentor will provide professional and educational development advice, guidance, professional contacts and networking connections as appropriate. The Participant will discuss with the Mentor professional development options and both parties will work together to develop the Participant's Individual Development Plan.

Meetings. The Participant and Mentor shall meet at least quarterly at a time and place mutually agreed upon.

Length of Relationship. The Participant and Mentor agree that the professional relationship will be evaluated yearly as to the benefit of continuing the agreement. If either party has circumstances that preclude the continuation of the agreement, they will notify the other party as soon as possible to terminate the agreement. We understand that either party has the option of discontinuing the relationship for any reason providing the terminating party notifies the other. This document reflects the agreements that we enter into at this point in time. We understand that the terms of this agreement may be changed at any time and that we agree to document such terms in writing.

Mentor's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

ATTN: Provide a copy of this agreement to Training Support Department - Bldg. #4335 / Room 129