Harford County Public Schools
SCIENCE AND MATHEMATICS ACADEMY
MENTORSHIP PROGRAM

Contract: Mentor Agreement - APG

Student Name:

Mentor(s) Names (s):

Mentor Teams are encouraged!

The Mentor(s) and their sponsoring organization agree:

1) Not to pay the student any wages for work performed during this placement.
2) Not to require a student to be present when school is not in session.
3) To guarantee that commercial general liability insurance for business (including liability arising from student activities at the work site) is in effect. N/A at APG
4) To permit the faculty advisor to make regular visits to the work site.
5) To provide a positive and safe learning environment and experience for the student.
6) To be available to the student for questions and help, and to provide guidance, including the development of bi-weekly benchmarks to be measured by you or the faculty advisor.
7) To clearly define the company's expectations and the student's responsibilities, as applicable.
8) To notify the faculty advisor of any problems with the student.
9) To provide the student with adequate supervision throughout the entire project.
10) To communicate with the student by phone or email every day there is class, if possible.
11) To visit the student once a month at a minimum for a face to face meeting.
12) To ensure that the student works with or in conjunction with several people. Situations where the student works alone or with just one other person in non-open areas should occur only when required and with the concurrence of the faculty advisor.
13) To notify the faculty advisor so arrangements can be made for progress to continue on the project if you cannot meet these expectations for a period of time

Printed Name

Title

Signature

Date

Email Address:

Cell Phone:

Work Phone:

Please return the completed form via email to Sarah Ashley, SMA Program Specialist (sarah.ashley@hcps.org) or your mentee's faculty advisor.