Harford County Public Schools
SCIENCE AND MATHEMATICS ACADEMY
MENTORSHIP PROGRAM

Mentor Agreement

Student Name: _____

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.
4) To provide a certificate of insurance from the place of employment showing evidence of current coverage for General Liability. If not possible please indicate reason:

_____

5) To permit the faculty advisor to make regular visits to the work site.
6) To provide a positive and safe learning environment and experience for the student.
7) 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.
8) To clearly define the company's expectations and the student's responsibilities, as applicable.
9) To notify the faculty advisor of any problems with the student.
10) To provide the student with adequate supervision throughout the entire project.
11) To communicate with the student by phone or email every day there is class, if possible.
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 indemnify and hold harmless the Board of Education of Harford County, its officers, agents, and employees from any and all claims, loss actions, liability, demands, suits, or costs including attorney's fees and other costs connected therewith, arising out of of in any way related to this experience and/or placement.
14) 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.