



Mentor Information



Student Information: _____

Student ID: _____

Mentor Information

Name: _____

Address: _____

Email Address: _____

Telephone Number: _____

College Information

Student Services Representatives: Vanessa Williams, Tim R. Johnson, Dean Inman

I, _____, understand the following responsibilities of the SouthArk Mentor Program:

- I will participate in mentoring with a student at least monthly until student separation from the college.
- I will contact Student Services regarding any behavioral concerns such as student missing appointments, additional services needed, etc.
- I am committed to conducting myself in a professional manner at all times while engaging with my mentee. I recognize that I am in a position of trust with my mentee and I am obligated to act in a professional and responsible manner. Additionally, I agree to seek resources from Student Services to resolve any professional or ethical conflicts that may arise.

Signature

Date