

Planned Weekly Mentoring Schedule

(Give completed form to the Mentee)

Mentor Name: _____ Phone #: _____

Email _____ Alt. Email: _____

(Minimum 4 Hours per Week)

	M	T	W	TH	F	Sa	Su
6-7 AM							
7-8 AM							
8-9 AM							
9-10 AM							
10-11 AM							
11 AM-12 PM							
12-1 PM							
1-2 PM							
2-3 PM							
3-4 PM							
4-5 PM							
5-6 PM							
6-7 PM							
7-8 PM							
8-9 PM							
9-10 PM							
10-11 PM							
11-12 PM							

Mentee Signature: _____ Date: _____

Mentor Signature: _____ Date: _____