

Community Internship Collaboration

Mentor Agreement Form - Spring 2020

Name of Business:							
Mentor Name (Student's Direct Supervisor):							
Men	ntor Phone:	Mentor Email:					
Alternate Contact at Business:							
		Alternate's Email:					
	Projected Hours:						
Plea	se consider the following statements w	when preparing for an intern:					
	agree to attend the Mentor Workshop	on 1/29 from 5:30-7:00 pm in room 203 at UNM-LA					
	I have at least three hours per week to mentor my intern face-to-face						
	I have the abilities and skills that I will be teaching my intern						
	I communicate effectively and frequently with subordinates						
	I can offer my intern an engaging project that is feasible to complete in 60 hours						
□ I	I can offer my intern a project that will teach them a new skill related to my business						
	can commit to supporting my intern in	this project and in their final presentation this					
5	semester						
If ma	atched with a student intern, I agree to):					
	Complete Project Planning Worksheet w	vith my intern					
	Complete mentor survey and student evaluation at end of internship						
☐ Attend final presentation on 5/11 from 5:30-6:30 pm in room 631 at UNM-LA							
Signature		Printed Name					
Date							