



THE COMPASSIONATE LISTENING PROJECT FACILITATOR CERTIFICATION MENTORING AGREEMENT

This Agreement needs to be completed before:

The following agreement is made between _____ ("Mentor") and _____ ("Mentee") for the purpose of mentee certification.

We have reviewed the Certification Program details (dated _____) and clarified any questions about the program, its goals, requirements, and outcomes.

Mentor initials: _____

Mentee initials: _____

Program Cost & Payment Schedule

The program payment to TCLP is \$_____ to be paid in full by the _____ day of , 20___. The program cost will be paid:

- In a single payment
- other: _____

The program tuition for mentorship paid directly to your Mentor is \$_____, to be paid in full by the _____ day of _____, 20___. The program tuition will be paid:

- In a single payment
- In _____ payments of \$_____ on the following dates: _____

other: _____

Mentorship Plan and Program Requirements

Are there any program components that have already been satisfied, or that the Mentee is requesting to waive?

Confidentiality

At times, TCLP Mentors discuss issues that arise with the Certification Program. The Mentee and Mentor agree to take responsibility to communicate when one of them identifies a potentially sensitive issue that the Mentee may not want to be shared with the greater mentor community.

What topics, if any, would you like to remain confidential?

Progress Check-Ins

Mentees can request a personal check in with their mentor to address any of the following:

- What goals or objectives are we currently working on together?
- What goals or objectives remain?
- What are our successes thus far?
- What have our main challenges been?
- How is the quality of our communication? Are there any improvements you'd like to suggest?
- Are there concerns or issues you've been reluctant to raise that might improve how we work together?
- Are we headed in the right direction?
- What changes or adjustments to our original plan are needed?

Conflict and/or Termination

In the event that either person finds the mentorship relationship unproductive or untenable, they are invited to notify staff@compassionatelistening.org and enter into our conflict support process within the community to help resolve the issue. Either party may terminate the relationship at any time, with the option of the Mentee requesting another mentor from The Compassionate Listening Project. In such event, Mentor agrees to return the prorated balance of the program fee to the Mentee.

Mentor's Name:

Mentee's Name:

Mentor's Signature: _____ Date: _____

Mentee's Signature: _____ Date: _____

Certification Circle Member's Signature: _____ Date: _____

(Signatures may be electronic)