



## **MENTOR AGREEMENT FORM**

### **LEVEL ONE TRAINEE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_ Club \_\_\_\_\_

Signature \_\_\_\_\_ Senior Coach \_\_\_\_\_

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### **MENTOR**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No. \_\_\_\_\_

Signature \_\_\_\_\_

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### **PURPOSE**

To provide support and guidance to Level One Trainee Coaches. Good mentoring helps the recipient own their situation and explore options to deal with it.

### **SELECTION**

The mentor must display / possess the following qualities / qualifications:

1. Current or prior coach, or experienced calisthenic participants.
2. Appropriate communication skills, with the ability to advise and support the Level one Trainee.
3. Knowledge of current coach education programs.
4. Be committed to principals of confidentiality, honest and ethical behaviour.
5. We encourage communication and commitment to the mentor program.

### **GUIDELINES**

1. Mentors to support Level One Trainee with general development issues.
2. The mentor is subsequently selected by the Level one Trainee or selected by the mentor coordinator.
3. Mentors cannot mentor more than two Level One Trainees at one time.
4. If a mentor is also engaged by the VCCA as a Level One Assessor, they cannot assess the Level One Trainee they are mentoring.
5. Mentor agrees to participate in the program on a voluntary basis.

**Please return this form to VCCA Coach Education Administrator,  
VCCA Office P.O. Box 8085, Oakleigh East, 3166.**