

Mentor Contract (R.I.S.E Program)



- 1. As a Mentor, I must be able to address any behavior that conflicts with the standard of conduct that represents positive behavior and attitude. I understand that failure to perform my duties as a Mentor could result in termination of the position. There is a possibility I might be used in another Mentor avenue, but this is not a guarantee.
- 2. I will follow all institutional rules and regulations outlined in the inmate handbook. I will show respect for each participant, staff member, and program volunteer at all times.
- 3. I agree to random drug testing.
- 4. I will be required to make sure all participants in my assigned area are receiving the assistance that they need to succeed.
- 5. I will wear my Mentor badge (if required) at all times in order to identify myself as an active Mentor. I will not allow any other offender to wear or carry my Mentor badge. I understand that failure to do so will result in disciplinary action.
- 6. I understand that I must attend mandatory Mentor meetings at the scheduled time and place. I will be held accountable if I fail to attend these meetings and I will be required to provide a reason as to why I was not in attendance.
- 7. I understand that as a Mentor, I am to immediately report any sexual misconduct to any staff member or S.A.R.T. (Sexual Assault Response Team) member. If no S.A.R.T. team member is available at the time of the incident, the incident must be reported to the O.I.C. (Officer In Charge-Shift Lieutenant). I am not to discuss this incident with any other Mentor or Participant. Failure to comply with these P.R.E.A. regulations will result in disciplinary action.
- 8. I understand that being a Mentor is a detail assignment and does not authorize me to make decisions or give information that should come from staff. I am not to counsel or make promises and I must report situations out of my realm of duty assignments to a staff member.

Retention Schedule: Upon completion, this form shall be kept in the offender's record in SCRIBE and a hard copy shall be placed in the offender's institutional file.

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I ACKNOWLEDGE THAT THIS INFOR EXPLAINED TO ME AND THAT I		
CONDITIONS OF THIS CONTRACT.		
Mentor Name (Print Please)		
Mentor Signature	Date	
Program Coordinator	 Date	