Peer Advising Agreement Form

We enter this agreement as part of the requirements of the SOAR Ambassador Scholarship Program. For this to be a rewarding experience, most time should be spent discussing opportunities and strategies to meet the program expectations. We agree that...

1. The aim of the partnership is to:
   a) Assist protégés with understanding and guidance regarding program requirements and, possibly to
   b) Provide companionship to attend campus events

2. The relationship is expected to last for the fall semester - September 1 to December 1. Progress will be assessed monthly by the SOAR Ambassador Program Coordinator by a review of the documentation submitted.

3. The parties will communicate via a meeting or electronically at least once a week during the fall semester and twice per month during the spring semester. (The monthly Ambassador meeting may serve as an opportunity to conduct the interaction.) Meeting times, once agreed, should not be cancelled unless this is unavoidable. At the end of each meeting, we will agree to a date and time for the next meeting.

4. Each meeting will last a minimum of 15 minutes.

5. Our primary method of communication will be by ____________.

6. If an email/voice/text is received, we will respond within:
   a) 1-4 hours    b)12 hours    c) 24 hrs (1 day)    d) I won’t respond at all

7. If we can’t make an expected meeting/interaction, we will:

8. We agree with the defined roles identified for the Peer Advisor and Protégé.

9. We agree to keep the content of these meetings confidential.

10. The Peer Advisor agrees to be honest and provide constructive feed forward to the protégés. The Protégé agrees to be open to the feed forward.

Date: ___________________________________________

Peer Advisor’s signature: _________________________________________________________

Protégé’s signature: _____________________________________________________________

June 2019