**Queer Mentee Responsibilities**

1. Abide by the Code of Conduct.
2. Attend the training session in November.
3. Agree to have your contact information shared with your mentor and only contact them for program related purposes.
4. Respond to all communication from your mentor and the Q Centre Coordinators within two business days.
5. Organize three to four one-hour meetings in the Winter semester with your mentor on campus or virtually during the 2022 - 2023 year.
6. Develop draft SMART goals and send them to your mentor before your first meeting.
7. During the first meeting, communicate and establish your personal boundaries and share your goals with your mentor. Ask for feedback and work together to finalize your goals.
8. During the second meeting and on, discuss your progress with your mentor, identifying challenges and successes. Ask for feedback and work together to make changes to goals that have not been obtained. This opportunity could also be used to set new goals as appropriate.
9. During the last meeting, go over how the semester has gone and what can be done moving forward.
10. Have open conversations with your mentor about coming out, sexual and gender minority identities, and any other queer and post-secondary related topics you would like to discuss.
11. Let your mentor know if you are in crisis, and access appropriate resources for assistance while in crisis. During business hours, the SU Wellness Centre can assist. After business hours, call the Distress Centre Crisis Helpline:

* SU Wellness Centre: Room 370, MacEwan Student Centre
* Distress Centre 24 Hour Crisis Line: 403-266-4357

1. Contact the Q Centre Coordinators if you have questions or concerns related to the program.
2. Write a thank you letter to your mentor at the end of the Winter semester.
3. Complete the feedback survey at the end of the Winter semester.

As a Queer Mentee, I agree to abide by the responsibilities outlined above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_