

GEAR UP Terms and Conditions

Please initial next to each statement below:

____ I have read the Manual and attended GEAR UP Training.

____ I understand my employment status and have been fully informed of my job responsibilities and expectations as a GEAR UP Outreach Mentor.

____ I will contact my GEAR UP supervisor as soon as possible if I am ill or cannot be there for my scheduled time to work with students.

____ I understand the payroll procedures, payroll periods, and the recording of hours on TIMS and the Time and Effort Report policy.

____ I understand that I am responsible for meeting with students at my assigned school(s) to provide support according to the schedule established. I understand that each session as established in the schedule must be recorded accordingly.

____ I understand that I may have tracking responsibilities for students, including checking on grades, meeting with teachers when needed, and meeting with GEAR UP staff and or counselors.

____ I will keep open communication and report concerns, questions, etc., to my supervisor.

____ I will maintain appropriate boundaries with any and all students with whom that I come in contact.

*Appropriate boundaries include, but are not limited to: keeping sessions on a strictly academic level, guiding students back to an academic topic if they want to talk about non-academic and/or personal matters, no one-on-one sessions, no physical contact with students, no transporting students in my vehicle and no texting/emailing students.

____ Confidentiality: I understand that ethically and legally, I am responsible for protecting the confidentiality of the students I work with and their families. I will never leave notes where students can read them. I am aware that records should be completed in a private place. Under any circumstances, I understand that I should never discuss students' lives with anyone outside the program (i.e. another student).

____ Reporting: I understand that I must report any information of abuse and/or neglect to my supervisor in a timely manner.

____ I received FERPA training and understand my obligation to protect students' rights under the law.

____ I have received and understand the memorandum for using AI tools and protection of student data.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____