

Parent/Guardian Contract

Name: _____

Date: _____

By allowing my son/daughter to participate in the One Hope United's Mentoring Program, I agree to:

- Allow my child to participate in the One Hope United's Mentoring Program and to be matched with a One Hope United mentor
- Follow and encourage my child to follow all rules and guidelines as outlined by the program coordinator, mentee training, program policies, and this contract
- Support my child in this match by allowing him to meet with his mentor at least eight hours per month and have weekly contact with him/her for one year
- Support my child being on time for scheduled meetings or have him/her call the mentor at least 24 hours beforehand if unable to make a meeting
- Regularly and openly communicate with the program coordinator as requested
- Inform the program coordinator if I observe any difficulties or have areas of concern that may arise in the match relationship
- Participate in a closure process when that time comes
- Notify the program coordinator if I have any changes in address or phone number
- Provide the program coordinator and the mentor with any updated health insurance information for my child

_____ (please initial) I understand that contact between my son/daughter and the mentor is to only be at One Hope United's sponsored events.

_____ (please initial) I understand that upon match closure, future contact between my child and his/her mentor is beyond the scope of the One Hope United's mentoring program, and can happen only by the mutual consensus of the mentor, the mentee, and myself.

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by the program coordinator at this time or in the future.

(Signature)

(Date)