



Mentor Program Parent Permission Form

Student Name: _____ **School:** _____

Mentor Assigned: _____ **School Contact:** _____

Dear Parent(s)/Guardian(s):

Your child has been selected to participate in the Mentor Program and will be placed on a waiting list for a Mentor. There is no guarantee your child will receive a Mentor, only that they will be in line to receive one if one becomes available. Community volunteers serving as Mentors undergo a two-hour training and submit to a Criminal Background Check.

If a mentor becomes available for your child, this mentor will meet with your son/daughter weekly unless there is a scheduling conflict. All meetings will be held at the school during the school day or, if your child is a member, mentoring may take place at a Boys and Girls Club of Hall County. The mentor may also contact your child by phone, email or mail. Any activities between the mentor and your child occurring off school or club premises or after approved school hours are *outside the scope of Center Point's Mentor Program*. Should you wish to allow your child to have contact with his/her mentor off school or club premises, you should sign a separate permission form for such off-school contact. While Center Point provides such forms, it does not sanction, control, or support such contact. If you have any additional questions, please contact Center Point Mentor Program at 678.997.1990. **Please review and sign below:**

I agree that my/our permission is granted for my/our child _____ to participate in the Mentor Program if a mentor becomes available. I/we also give permission to release information about my/our child to Center Point's Mentor Program.

Furthermore, I/we understand that as a participant my/our child may be quoted, photographed or videotaped during normal mentor activities or events and that these quotes/photos/videos may be used in promotional materials. I/we, the undersigned, do hereby release and forever discharge Center Point Mentor Program from any and all claims, costs, demands, actions or causes of action, past, present, or future arising out of any damage or injury my child may incur while participating in Mentoring activities. I agree to indemnify Center Point Mentor Program for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present or future, arising out of or caused by my child while participating in Mentoring activities.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date