



Permission Form Packet

PARENT INFORMATION/EXPECTATIONS

- Your child has been selected to participate in the Oconee County Mentor Program. This program was established to provide students with the opportunity to develop a supportive relationship with an adult who is a positive role model, a listener and also a friend. **The Oconee Mentor Program is a school-based program, therefore mentoring sessions should only take place on school premises, during school hours.**
- Any adult who volunteers to become a mentor submits an application, a background check form, and also goes through a training prior to being assigned to a student. The student will be introduced to the mentor at school.
- The mentor will spend at least 2 hours per month (typically 30 minutes per week) with your child in the school setting. These sessions will be during breakfast, lunch, or other time that is approved by the school counselor. The mentor will act as a role model, a listener, and a friend. The mentor will act as a part of the child's support system in order to guide him/her on the road to academic and personal success.
- Mentors are volunteers who are giving their most valuable asset to your child – their TIME. Mentors are not asked to provide gifts or monetary support to the student.
- If you choose to discontinue your child's participation in this program, please notify the school counselor in writing.
- If you have any questions or concerns about the program at any time, please contact the school and speak with the school counselor.

****After reading the above information, if you give your child permission to receive a mentor through the Oconee Mentor Program, please sign the attached Letter of Consent Form. Once completed, return the form to your child's school. Keep this page for your information.****

Please understand that signed consent will place your child on the waiting list in order to be assigned a mentor. Your patience is greatly appreciated!

Please note: Without signed consent, your child will not be assigned to a mentor.

OCONEE MENTOR PROGRAM LETTER OF CONSENT

School: _____

School Counselor:_____

My child, _____ has my

permission to participate in the Oconee Mentor Program. I have read the expectations and agree to follow them. **I understand that the Oconee Mentor Program is a school-based mentor program and mentoring sessions should occur on the school campus, during school hours. The Oconee Mentor Program assumes no responsibility or liability for meetings with mentors and students that occur off the school campus or after school hours.** If I choose, I may remove my child from participation in this program by notifying the school counselor, in writing.

_____ I **DO** give my permission to the Oconee Mentor Program to use photographs of my child for promotional purposes of that program. I understand that this includes newspaper, magazines, the program's website, social media, and any projects related to this program.

_____ I **DO NOT** give my permission to the Oconee County Mentor Program to use photographs of my child for promotional purposes of that program. I understand that this includes newspaper, magazines, the program's website, social media, and any projects related to this program.

Signature of Parent or Guardian:

Printed Name of Parent or Guardian:

Date: _____

Student Questionnaire

TO BE COMPLETED BY THE CHILD WITH HELP FROM THE PARENT OR SCHOOL COUNSELOR.

Name of Child: _____

Birthday: _____

Date: _____ Current Grade: _____

What are some of your favorite things to do?

What do you like to do at school?

What do you like to do after school?

Why do you want a mentor?
