



PARENT/GUARDIAN CONSENT FORM

I, the parent or legal guardian for _____ hereby give my permission for my child to participate in the Mentoring Program.

I fully understand that the program involves mentors, who shall be selected from the community and will be screened and trained before beginning in the program.

I understand that I must participate in an orientation session in which the program will be explained.

I understand that during the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of B2M will provide ongoing monitoring of the mentoring activities.

I give the B2M Mentoring Program Coordinator permission to obtain my child's academic and attendance records from my child's school.

I give B2M Mentoring permission to share my child's files, personal information, photos, and progress with Orange County Government and the CCC.

I permit the Mentoring Program staff and B2M Mentoring to utilize photographs of my child taken during his/her involvement in the mentoring program and waive all rights of compensation.

I understand there is an application fee of \$25.00

I understand the Program meets on Wednesdays for ages 10 – 13 and Thursdays for ages 13 -18 at the J. R. Smith Center.

(Signature of Parent/Guardian)

(Printed name of Parent/Guardian)

Date _____

Please sign the permission form and return to the B2M Mentoring Program Coordinator by _____.
(date)