

# NEW INSIGHTS MENTORING PROGRAM

*Creating Vision Through Mentoring*

## Parent/Guardian Contract

Name: \_\_\_\_\_ Date: \_\_\_\_\_

By allowing my son/daughter to participate in the New Insights Mentoring Program, I agree to:

- Allow my child to participate in the New Insights Mentoring Program and to be matched with a New Insights 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 meeting 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 upon match closure, future contact between my child and his/her mentor is beyond the scope of the New Insights mentoring program, and can happen only by the mutual consensus of the mentor, the mentee, and their parent/guardian.

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)