

**MENTOR VOLUNTEER WAIVER OF LIABILITY WITH HOSTING OPPORTUNITIES AND MENTORSHIP INVOLVING EDUCATION & STEM
(H.O.M.I.E.S) INC.**

By signing below, I _____ (Print Name), agree to participate in programs or activities hosted by H.O.M.I.E.S Inc. as a leader/mentor. I understand that H.O.M.I.E.S Inc. organizes individualized activities which may include one-on-one activities between myself and assigned mentees.

(Initials) I understand that I am expected to communicate with my mentee(s) at least once a week. If my mentee doesn't reach out to me, I understand that I am responsible for reaching out to them.

(Initials) I understand that it is unacceptable for me to ever ignore my mentee(s) communication attempts regardless of any reasoning. If my mentee reaches out to me but I am not available, I understand that I am expected to acknowledge their communication efforts, inform them that I may be unavailable, and communicate with other mentors in the H.O.M.I.E.S Inc. group chat to find another mentor to assist my mentee.

(Initials) In addition to asking for help in the H.O.M.I.E.S Inc. group chat, I also understand that I am expected to check the mentor group chat to see if other mentors need assistance. I agree that it is unacceptable for any mentor, such as myself, to have the mentor group chat muted. I acknowledge that muting myself will be harmful to the communication efforts of H.O.M.I.E.S Inc. In addition, I agree to put forth my best communicative efforts to contribute toward positive chemistry between other mentors and all participating mentees.

(Initials) I understand that that by signing, I am agreeing as a H.O.M.I.E.S Inc. mentor to participate in all H.O.M.I.E.S Inc. and H.O.M.I.E.S Inc. partnered events. If I am not able to make an event, I agree that I need to communicate with the H.O.M.I.E.S Inc. leadership at least 48 hours prior to the event. If I cannot attend due to an emergency, I will communicate with the H.O.M.I.E.S Inc. leadership team as quickly as possible.

(Initials) I acknowledge that federal and state government officials have declared that there currently exists a public health crisis in our country related to the Coronavirus Disease 2019 ("COVID-19").

As a H.O.M.I.E.S Inc. mentor, I understand that by signing, I am agreeing to do my part in ensuring that H.O.M.I.E.S Inc. thrives as a respectable nonprofit organization. I understand that in working with minors, I have the responsibility to uphold my promises, always remain professional, and maintain my integrity as a H.O.M.I.E.S Inc. volunteer/mentor. If I am to fail to accomplish any of these objectives which I have agreed to, I understand that I may be asked to leave H.O.M.I.E.S Inc. entirely, or that the mentee who was assigned to me may be reassigned to another mentor. So long as I abide by my promises and remain professional, I will be granted the privilege to participate in any H.O.M.I.E.S Inc. related activities and will not be at risk of losing my mentee.

Mentor's Printed Name

Mentor's Signature