

 **10301 Woodward Ave., Detroit, MI. 48202**

 **(O) 313-897-5503, (C) 248-765-2357**

**SHADOW STEP MENTOR COVENANT**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, accept the responsibility as a mentor in the Helping Operations for People Empowerment (H.O.P.E.) program. I believe that formerly incarcerated men and women returning to the community need emotional, spiritual, and aftercare support. As a concerned citizen of my community, I pledge my support to the H.O.P.E. participant who will be assigned to me. I understand and acknowledge that my involvement in H.O.P.E. ‘s program is completely voluntary, and I do not expect any monetary gain.

**I understand:**

**That as a mentor, I will** not discuss any confidential information such as type of crime committed, or type of treatment being received concerning the H.O.P.E. participants assigned to me with anyone outside of the H.O.P. E. program.

**As a mentor,** I commit to working with the H.O.P.E. participant assigned to me for one year. I understand that the first six months of this commitment is a period of bonding and establishing a trusting relationship with the participant. However, after the first six months, if either me or the participant elects to discontinue the relationship in the H.O.P.E. program no explanation will be required.

Mentor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mentee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_