



Strong Survivors Mentorship Program – Mentor Consent Form for Parents/Guardians

Thank you for supporting your child's participation in the Strong Survivors Mentorship Program. This form is designed to provide you with important information about the program, our expectations, and to confirm your consent for your child's involvement with a mentor.

Participant Information

- **Mentee's Name:** _____
 - **Mentee's Age:** _____
 - **Parent/Guardian's Name:** _____
 - **Relationship to Mentee:** _____
 - **Phone Number:** _____
 - **Email Address:** _____
 - **Emergency Contact Name:** _____
 - **Emergency Contact Phone Number:** _____
-

Program Overview

The **Strong Survivors Mentorship Program** pairs mentees with caring, trained mentors who offer guidance and support in areas such as mental health, career goals, relationships, and personal growth. Mentees will meet with their mentors regularly (either in person or virtually) and work together to set goals, discuss challenges, and explore solutions. All interactions are designed to provide a positive and supportive environment for the mentee.

Parental/Guardian Consent

By signing below, I acknowledge and consent to the following:

1. Participation in the Program:

I understand that my child will be paired with a mentor through the **Strong Survivors Mentorship Program**. I give my consent for my child to participate in the mentorship relationship, which may include meetings, phone calls, video chats, and other communications as needed.

2. Confidentiality and Privacy:

I understand that the program values confidentiality and privacy. Both the mentor and mentee are expected to respect each other's privacy and maintain confidentiality about personal matters shared during meetings, unless there is a concern for safety or legal requirements.

3. Program Expectations and Safety:

I am aware that the mentor will act as a positive, supportive role model and guide for my child. The **Strong Survivors Mentorship Program** will provide guidelines for safe, respectful interactions between the mentor and mentee. All meetings and communications will be monitored by program staff for safety and well-being.

4. Emergency and Crisis Support:

I understand that the **Strong Survivors Mentorship Program** mentors are not trained counselors or therapists. If my child is in need of professional counseling or therapy, I will seek the appropriate resources. In case of an emergency or urgent situation, I understand that the mentor may contact program staff or emergency services as needed.

5. Program Communication:

I acknowledge that I will be kept informed of my child's progress and any relevant information regarding their participation in the program. I will also be contacted in case of any concerns regarding my child's safety or well-being.

6. Photographic and Video Consent (Optional):

I give my permission for photographs and videos of my child to be taken during program events or activities. These materials may be used for promotional purposes, such as on social media, the program's website, or in newsletters.

☐ Yes, I give permission

☐ No, I do not give permission

7. Release of Liability:

I hereby release the **Strong Survivors Mentorship Program**, its staff, volunteers, and mentors from any liability related to the mentorship activities, except where caused by gross negligence or intentional misconduct.

Consent and Signature

By signing below, I confirm that I have read and understood the above information, and I give my consent for my child to participate in the **Strong Survivors Mentorship Program**.

I understand the expectations outlined in this form and agree to support my child's involvement in this program.

- **Parent/Guardian Name (Printed):** _____
- **Signature of Parent/Guardian:** _____
- **Date:** _____

Mentor Information (Program Use Only)

- **Assigned Mentor Name:** _____
- **Program Coordinator Name:** _____
- **Date Mentor Assignment:** _____

Thank you for your support in helping us provide meaningful mentorship opportunities for your child!