



STUDENT/PARENT CONTRACT

I, _____, agree to participate in *MentorConnect*. I understand that the mentor is a volunteer who wants to help me to be a success and will act as a friend, advisor, and role model. I also understand that no monetary assistance is provided by the mentor or program.

I understand that the mentor agrees, for ten weeks, to meet with me once per week for one hour. In return, I agree to:

- Try hard to have a good relationship with the mentor;
- Keep all appointments with my mentor;
- Notify my mentor, if I cannot keep an appointment with him/her for any reason;
- Respect the guidelines set by my mentor;
- Attend all required program activities;
- Abide by the procedures and policies of the program;
- Communicate with the program coordinator if I feel uncomfortable or experience problems at any time during the program; and
- Evaluate the program every two weeks at www.mentorconnect.net/Parent_Evaluation.html

I understand that if I miss three mentoring sessions, I may lose the privilege of participating in *MentorConnect*.

Parent/Guardian Signature

Mentee Signature

Date