



## Mentee/Parent Agreement

(To Be Completed by the Student and Parent)

Youth's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_

I, \_\_\_\_\_, agree to participate in the EDGE Mentoring Program.

I understand that the mentor(s) are volunteers who want to help me be a success in school and in life and will act as a friend, advisor, coach, and role model.

I understand that the mentor(s) are not professional counselors.

I also understand that no monetary assistance is provided by the mentor or program.

In return, I agree to:

- Develop a good relationship with the mentors.
- Attend and participate in at least nine activities per session.
- Respect myself, mentor, staff, and others.
- Keep conversations of peers and mentors confidential.
- Fill out a survey at the beginning and end of each semester; and
- Communicate with the Program Coordinator if I feel uncomfortable or experience problems at any time during the program.

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Parent/Guardian Name and Signature

Date

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Student Name and Signature

Date