



COMMUNITY CONNECTIONS YOUTH MENTORING PROGRAM
Contact and Information Release
(completed by the parent/guardian)

Youth's Name: _____

School: _____

I hereby grant permission for Community Connections Youth Mentoring Program to make contact with my child and conduct a personal interview for the purposes of applying to be a mentee. Community Connections may also make contact with my child on school premises for the purposes of screening and interviewing as well as ongoing support of his/her participation in the mentoring program.

I authorize Community Connections to obtain any needed information regarding my child from his/her school's staff, including conversations with teachers, counselors, and other administrative staff.

Further, I understand that basic information about my child will be anonymously (without names) shared with a prospective mentor(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my and my child's identity and other relevant information will be shared with the mentor to the extent it aids in facilitating a successful match.

Parent / Guardian Signature

Date

Parent / Guardian Name: