PARENT/GUARDIAN PERMISSION LETTER
(For community-based mentoring)

Dear Parent/Guardian:

You have chosen to have your child participate in the (name of program). In our program, your child will be matched with an adult volunteer mentor who will meet him/her at your home and take her on various excursions into the community.

The volunteer will act as an adult role model and source of friendship and encouragement. The activities between your child and the mentor will be monitored by the Program Manager in charge of the relationship.

We believe that all children greatly benefit from having a positive adult role model in his/her life. We hope that through participating in the mentoring program your child will feel supported in making good decisions about their lives and their future.

The mentors that have volunteered for our program have been thoroughly screened and investigated by (name of screening company). We respect your role as a parent/guardian and will provide an opportunity for you to meet with the mentor and be involved in the development of their relationship.

As your child goes through the program, we will be evaluating his or her satisfaction with our program and his/her mentor. All information gathered about the effect of the relationship on your child is strictly for the purposes of evaluating the program and will be kept confidential.

If you would like your child to participate in the program, and you have spoken with your child about having a mentor, please grant your permission by signing below. One of our Program Managers will soon be in contact with you about your child’s new mentor.

Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

______________________________
Executive Director

I give permission for my child, ___________________________________, to participate in the (name of organization) mentoring program. I understand the nature and rules of the program’s mentoring efforts and reserve the right to withdraw my child from the program at any time.

__________________________________________  ______________________________
Parent/Guardian Signature                                 Date