



## Mentor PLUS Program

### Contact and Information Release

Youth's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby grant permission for the Alma Public Schools Explore Mentor PLUS Program to make contact with my child and conduct a personal meeting for the purposes of applying to be a mentee.

Program staff may make contact with my child on school premises for the purposes of ongoing support of his/her participation in the mentoring program.

I understand that relevant information about my child/ guardian will be shared with the mentor to the extent it aids in facilitating a successful match.

I authorize the Alma Public Schools Explore Mentor PLUS Program to obtain any needed information regarding my child from his/her school's staff, including academic and behavioral records and conversations with teachers, counselors, and other administrative staff.

I understand that the program is being funded by two different grants one with Michigan State University 4-H and the other with Alma College and Campus Compact. There is no cost for participation in the program but the grants may ask my child or I to complete a survey for reporting and evaluation purposes.

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Parent/Guardian Signature

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Date