



Parent/Guardian Permission

Your child has been identified as a candidate for a mentor through FriendCHIPS Youth Mentoring, a program of Essex CHIPS. A responsible, caring, and committed adult will serve as their mentor. There will be learning and developmental opportunities for your child. Our goal is to assist your child in reaching their full potential.

In determining a match between a student and a mentor, we carefully note factors such as personality and mutual interests. Your child's name, as well as the mentor's name, will be held confidential until a match is agreed upon. Any party has the right to refuse to enter into a match. Once a match is made, they will meet one hour per week for one school year, with the option to continue again each year.

By signing below, you agree to the following:

I _____ grant permission for _____ to participate in the FriendCHIPS Community-Based Youth Mentoring Program by permitting them to attend one-on-one meetings with an approved and trained adult mentor for at least one school year.

I will encourage my child to participate in the weekly meetings with their mentor, as well as evaluations and events connected with this program.

Essex Chips, Inc. has permission to take and use pictures of my child while they are participating in the mentoring program. Yes No

Parent/Guardian signature

Date

Parent/Guardian Contact Information:

Names: _____

Email: _____

Preferred Phone Number: _____

Secondary Phone Number: _____

Mailing Address: _____

Optional:

What are you hoping your child will get out of this experience?