

Attachment II



Parent/Guardian Consent for Mentoring Relationships

As parent(s)/guardian(s), I/we affirm the mentoring relationship between \_\_\_\_\_ and \_\_\_\_\_ (child) . I/We give permission for \_\_\_\_\_ (child) to participate in Shalom’s mentoring program. I/We also give permission for \_\_\_\_\_ (mentor) to spend time with my/our child in unsupervised one-to-one situations.

Signed: \_\_\_\_\_ printed \_\_\_\_\_ signature

\_\_\_\_\_ printed \_\_\_\_\_ signature

Date: \_\_\_\_\_