

**Mentor Consent Form**

Mentor's Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Student's School: \_\_\_\_\_

As a mentor, I agree to fulfill the following requirements:

- Act as a primary resource for the student and advise him or her in all aspects of the North Carolina Graduation Program (NCGP).
- Document the hours that I spend working with the student on the NCGP as well as the student's other activities related to the NCGP.
- Give the student practical experience in the area of the chosen topic.

I also certify that I am:

- 21 years of age or older.
- Not a member of the student's household.

Mentor's address: \_\_\_\_\_

Mentor's Place of Business (if applicable): \_\_\_\_\_

Address of Place of Business (if applicable): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Signature of Mentor: \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Consent**

I give permission for my student, \_\_\_\_\_, to participate in this mentoring relationship with \_\_\_\_\_.

Name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**\* Please note that this form is to be filed with the school. In addition, the mentor applicant must submit a DPS Volunteer Mentor application to the Volunteer Coordinators' office (available in the Media Center).**