



Parental/Guardian
Permission & Agreement

Mason City Youth Task Force
308 S Pennsylvania Ave
Mason City IA 50401
Ph: (641) 421-2708

Child's Name: _____ Date of birth: _____

School Attending: _____ Grade: _____

Parent/Legal Guardian: _____

Address: _____

P.O. Box/Street

City

State

Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____

We are interested in the following types of Mentoring: Please indicate your mentoring preference(s):

Check location type:

- School-based only (only meet at school)
- Community-based (meet outside of school)
- Combination (can do both)

Check preferred type:

- Individual Mentoring: One mentor and one youth are matched.
- Group Mentoring: 2-4 youth are matched with 2-3 adults
- Either (no preference)

Names of others in the home & relationship to youth (parents/guardians, siblings, cousins, grandparents etc.):

Special interests, hobbies, activities that the youth enjoys:

As of today, on a scale of 1-10 (10 being high), how would you rate your child on the following:

SELF-CONFIDENCE:

COMPETENCE IN SCHOOL:

FAMILY RELATIONSHIPS:

PEER RELATIONSHIPS:

Why do you want a mentor for your child?

Other information about the youth and/or family (strengths, concerns, problems) that would be helpful for us to know:

Medical Authorization

Child's Name: _____ Age: _____ Date of Birth: _____

I/we hereby authorize and empower my child's mentor or other One On One Mentoring Project staff to secure necessary and required medical aid for my/our child when he/she is in the company of and under the supervision of the mentor or project staff.

Further, if any emergency should arise necessitating surgery by reason of illness or accident of my/our child, their mentor or One On One Project staff may execute medical or hospital authorization for and in my/our behalf as if I/we were personally present.

It is agreed and understood that prior to authorizing medical care, in the event of any emergency, the mentor or project staff shall make every effort to contact me/us for oral approval or disapproval. Further, I/we agree not to hold the One On One Mentoring Project, staff, or volunteers liable for any misfortune or accident which might occur while my/our child is in their company or under their supervision.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Family Physician: _____

Hospital Preference: _____

Name of Insurance Company: _____

Policy Number: _____

Allergies & Special Medical Conditions:

Does your child have any special medical conditions, allergies, or other needs that your child's mentor should be aware of? Please List.

Please fill out all forms and then schedule a meeting with the mentoring coordinator. If you have any questions or need clarification, please call the school counselor or the Youth Task Force at 421-2708.

Definitions for Meeting Location Options:

School-based Only– Your child and their mentor can only meet during the school day on school property. They will still have the option to participate in special activities outside of school with your permission.

Community-based Only– Your child and their mentor can meet at the YMCA and/or at other approved meeting locations. It is up to you and the mentor to make arrangements for transportation and scheduling.

Combination– Your child and their mentor can meet both in school and in the community.

Individual Mentoring: One mentor and one youth are matched.

Group Mentoring: 2-4 youth are matched with 2-3 adults.

One on One Mentoring - **RULES & GUIDELINES**

- My child to meet with their *One On One Project* mentor for **one hour per week or 4 hours per month**.
- My service provider (if applicable)_____ to share information with the Mason City Youth Task Force and my child's school.
- **My child's school to share information**, including my child's school records (grades, tardy/absences, etc) with the Mason City Youth Task Force staff and my child's mentor to help them get to know my child and develop a relationship.
- My child's school to share information, including my child's school records, with the Mason City Youth Task Force to assist in reporting to funders of the *One On One Mentoring Project*.
- **Fill out pre/post surveys for the program.**
- The Mason City Youth Task Force to contact me to update me on my child's mentoring experience and for me to provide feedback on the project.
- My child to participate in special YTF endorsed activities with their mentor (with my approval).
- My child to meet with their mentor at YMCA facilities over the summer months and during the school year in addition to or in place of school meetings if desired by my child and their mentor.
- To be photographed, interviewed, and/or video taped for promotional and documentation efforts (may include radio, TV, newspaper, or other types of media presentations).

I understand that:

- The Mason City Youth Task Force conducts background checks on all *One On One Project* Mentors through the Iowa Division of Criminal Investigation Bureau of Identification and the Iowa Child Abuse Registry.
- All *One On One Project* Mentors receive special mentor training before they are assigned a young person.
- *One On One Mentor Project* contact between my child and their mentor may take place:
 - 1) on school property during the school day and will be supervised by the school,
 - 2) within the Mason City community and/or at the YMCA,
 - 3) at various locations for special group or individual activities with my approval.
- This parental consent form is valid as long as my child continues to desire a mentor and that I will not be contacted for my consent at the start of subsequent years.
- I will be notified when my child is matched with a mentor.
- I will be notified if my child or their mentor desires to discontinue mentoring visits.
- The Mason City Youth Task Force or the school may contact me to get permission for my child or me to help in promoting the *One On One Project*.

The following are policies of the One On One Mentoring Project that you as parent(s)/guardian(s) are expected to follow. NOTE: Project staff as stated below consists of: Youth Task Force staff, school counselor or other project contact at the school, or other community referral resources.

For all visits:

1. The mentor is expected to maintain regular contact with your child, **spending at least four hours per month in contact**. This contact should be in-person but can occasionally include phone calls, email, postal mail, and group activities.
2. The purpose of the mentoring project is to provide your child the opportunity to develop a supportive relationship with an adult who is a friend. The focus of this relationship is to be between the child and mentor; you are not to encourage him/her to take a parental role in the family. Violation of this rule make result in termination of the mentor/mentee relationship.
3. **The mentor is not to indulge your child with gifts of:** money, food, extravagant outings, presents, etc. The purpose of the project is for the mentor to spend quality time with your child, rather than giving monetary items or doing costly activities. Birthday and holiday gifts are acceptable. If you do not approve of your child's mentor giving them gifts please contact the coordinator

4. Special activities between mentor and mentee should be pre-scheduled to avoid conflict for everyone involved. If you do not like nor approve of the activities the mentor proposes, or if a conflict develops, talk to the mentor or mentoring coordinator.
5. Ask your child about the mentor/mentee activities. The purpose of this is to open up lines of communication between you and your child.
6. Do not use the relationship with your child's mentor as a reward or punishment.
7. It is never acceptable for the mentor to treat you or your child with disrespect, nor to criticize your behavior/lifestyle. If this occurs, contact the project staff.
8. If you become uncomfortable about the mentor/mentee relationship or the interaction between the mentor and mentee, contact project staff immediately. Do not worry about being paranoid or over-sensitive.
9. Report any suspicious behavior on the part of your child or mentor immediately to the project staff. Examples of suspicious behavior might be: your child refusing to discuss the activities he/she participates in with the mentor; your child being very quiet and withdrawn after a meeting with the mentor; sexually explicit behavior; and excessive amount of touching between the mentor and child; the mentor behaving at the same level as your child; the existence of special language between the mentor and child.

For Community Based visits or for special activities:

1. Inform your child's mentor of any rules or restrictions involving the child (i.e. no "R" rated movies, no ice cream or treats, or if the child has been grounded or restricted from any activities as a means of discipline). If the mentor violates any of these rules or restrictions, inform the project staff.
2. Inform your child's mentor of any health/medical problems, medications, allergies, etc. which the child has, and what, if any, activities should be avoided due to any physical conditions.
3. **It is the project's policy that there shall be no overnight visits between the mentor and mentee.** The One on One Mentoring liability insurance does not authorize overnight visits. If any accident or claim would occur, the program is not responsible for either party (mentor or mentee).
4. Behaviors that should be reported to the project staff as soon as possible are: smoking, chemical or alcohol use on the part of the mentor, especially prior to or during outings with your child; sexual come-ons to you; shaming or coercing your child into accepting discipline; and showing your child sexually explicit material.
5. **Please remember, mentors involved in this program are to be seen as volunteer and not babysitters.** Please be home when the mentor drops your child off after a visit, repeated failure to do so may result in your child being terminated from the program.

By signing this permission, I further understand that neither the *One On One Mentoring Project* nor any of the associated partners shall be liable in any way for any intentional or criminal action on the part of any mentor in the *One On One Mentoring Project*. I specifically release and hold harmless the *One On One Mentoring Project* and its associated partners and each of their officers, steering committees, directors, employees, agents, and successors in interest from any such liability to my child which may arise by way of such intention or criminal action on the part of any mentor in the *One On One Mentoring Project*.

I/we understand all information previously listed in this Permission & Agreement Form. I/we agree to follow these policies.

Parent/Guardian's Signature

Date