



THE ADVANTAGE MENTORSHIP AND LEADERSHIP ACADEMY

INFORMED CONSENT FOR MENTORSHIP PROGRAM PARTICIPATION

GENERAL INFORMATION

The Mentorship relationship is unique in that it can be very personal and at the same time, a mutual agreement. Given this, it is important for us to reach a clear understanding about how our relationship will work, and what each of us can expect. This consent will provide a clear framework for our mentoring relationship. Feel free to discuss any of this document with the Program Director. Please read and indicate that you have reviewed this information and agree to it by filling in the checkbox at the end of this document.

THE MENTORSHIP PROCESS

You have taken a very admirable step by deciding to allow your child to participate in The Advantage Mentorship And Leadership Academy Program. The outcome of the mentorship sessions depends largely on your child's willingness to engage in this process, which may, at times, result in some emotional discomfort. Remembering and discussing unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. While we can't change circumstances or situations, we can promise to support your child and do our very best to understand your child as well as the situation and circumstances that they find themselves in. We plan to help your child clarify what it is that they want for their future, set attainable goals, and encourage them to excel in every situation and circumstance.

CONFIDENTIALITY

The session(s) content and all relevant materials to the mentee's participation will be held confidential unless the parent requests in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such participant held privilege of confidentiality exist and are itemized below:

1. If a participant threatens or attempts to commit suicide or otherwise conducts him/her self in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a participant threatens grave bodily harm or death to another person.
3. If the Facilitator/Mentor has reasonable suspicion that a participant or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse with children under the age of 18 years. Furthermore, if a Facilitator/Mentor becomes aware or suspects that a participant is or becomes sexually active, the Program Director will inform the child's parent(s) in a timely manner.
4. Suspected neglect of the parties named in items #2 and #3.
5. If a court of law issues a legitimate subpoena for information stated on the subpoena.
6. Occasionally, we may need to consult with professionals in their areas of expertise in order to provide the best referrals or assistance. Information about your child may be shared in this context without using your child's name.

ABOUT THE MENTORS

You are aware and understand that your child is receiving guidance and support from a community volunteer in an effort to provide an additional layer of love and support as your child transitions into young adulthood. This volunteer may or may not be professionally trained and may or may not be academically licensed or certified in any specific area. However, they are applying their knowledge from life experience, understanding and their own desire and commitment to provide guidance to the next generation. Therefore, their ultimate desire and passion is to assist and support each program participant in a healthy and progressive manner.

☐ BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
Parent/Guardian's Signature	Parent/Guardian's Printed Name	Date
Child's Name	Birthdate	