

Dear Parents/Guardians,

Your teen has the opportunity to participate in the Paper City Mentoring Project. In the program, your teen will be matched with an adult volunteer mentor who will meet him/her at school and at Paper City Coffee (47 S. Paint St). The volunteer will act as an adult role model and source of support and encouragement. The activities between your child and the mentor will be closely monitored and structured by the Program Director in charge of the relationship. Research shows that children greatly benefit from having positive adult role models in his/her life. The goal is for the mentor pairing to lead to increased academic performance, self-esteem, and strengthened life and social skills for your teen.

The mentors that have volunteered for our program have cleared background checks and been through extensive training for the program. They will even be matched with a teen based on interests and personality type. We respect your role as a parent/guardian and will provide an opportunity for you to meet with the mentor and be involved in the development of their relationship. All information gathered about the effect of the relationship on your child's school performance is strictly for the purposes of evaluating the program and will be kept confidential.

If you would like your child to participate in The Paper City Mentoring Project, talk about it with him/her. If he/she is comfortable with the idea of having a mentor, please grant your permission by signing below. The director of the Paper City Mentoring Project, will soon be in contact with you about your teen's new mentor. Thank you for your time. We hope this program will be of great benefit to everyone involved.

Sincerely,

Anna Purpero
Director of The Paper City Mentoring Project
(740)222-2442

Please return this portion of the page to the school counselor

Student name: _____ Grade: _____

I give permission for my student to be participate in The Paper City Mentoring Project. I understand the nature and rules of the school's mentoring efforts and reserve the right to withdraw my child from the program at any time. I give permission for my child's school records to be released to the mentoring Program Coordinator and mentor in order to best support my child's achievement. I give permission for someone from the program to contact me regarding my child's involvement.

Parent/Guardian signature: _____ Date: _____

