

MENTOR RELEASE STATEMENT

I, the undersigned, hereby state that if accepted as a mentor, I agree to abide by the rules and regulations of the (name of company) Mentoring Program (the Program), which I acknowledge have been communicated to me, which I understand, and which may be revised without notice to me from time to time. I also agree to abide by all applicable laws. I acknowledge and agree that the Program requires me to spend a minimum of one hour/week at the assigned location. Further, I agree to attend all required training sessions and the regular meeting updates. I am willing to commit to one year in the program and then may be asked to renew for another year, at my option. During all times in which I am participating in the Program, I understand that I will be required to keep in regular contact with my mentee and communicate with staff frequently.

I understand that my participation in the Program is completely voluntary, and such participation is not administered or overseen by (name of company) nor does (name of company) endorse or warrant any results or benefits of the Program.

Due to the time commitment involved with my participation in the Program, I understand that my direct supervisor at (name of company) must approve my candidacy for participation in the Program before I submit my application to the staff for consideration.

I hereby certify that I have not been convicted, within the past 10 years, of any felony or misdemeanor classified as an offense against a person or family, of public indecency, or a violation involving a state or federally controlled substance. I am not under current indictment.

Further, I hereby fully release, discharge and hold harmless the Program, participating organizations (including without limitation) (name of company) and all of the foregoing's employees, officers, directors and coordinators from any and all liability, claims, causes of action, costs and expenses arising from, relating to, or which may be, or may at any time hereafter become, attributable to my participation in the Program.

I understand that Program staff reserves the right to terminate any mentor from the Program at any time for any reason. The Program takes place solely within the scheduled sessions, exclusively at the Program location, and I agree to limit my actions to the activities permitted within the confines of the program's policies. I understand that any relationships or contact established between mentor/mentee and family members beyond the organized and supervised activities of the Program are neither encouraged nor condoned. I give permission for program staff to conduct a criminal background check and verify any and all information provided by me on this Program application, as part of the screening for entrance into the Program, including without limitation verification of personal and employment references as well as a criminal check with the local authorities. Program staff has final right of acceptance of applicant into the program at their sole discretion.

I have read the above Mentor Release Statement and agree to the contents. I certify that all statements in this application are true and accurate.

Signature of applicant

Date

Signature of supervisor

Date

Criminal Background Check Form

A PAGE MAY BE ATTACHED FOR THE POLICE CRIMINAL BACKGROUND CHECK FORM.