

Choices Mentoring Initiative Consent Form
Myself, My Family, and My Community
Serving young people and children

PARENT/GUARDIAN CONSENT FORM

I _____, the parent or legal guardian for _____

Hereby give permission for my child to participate in the Choices Mentoring Initiative program at the 33 Dunham Mall, Suite 101, Pittsfield MA 01201.

I fully understand that a mentor(s) will be expected to spend a minimum of one hour per week with my child on-site at the Choices Mentoring Initiative program, 33 Dunham Mall, Suite 101, Pittsfield MA 01201. The Choices Mentoring Initiative program staff is not allowed to take or meet the child beyond the 33 Dunham Mall, Suite 101, Pittsfield MA 01201.

I understand that my child will participate in an "Introductory" session at the 33 Dunham Mall, Suite 101, Pittsfield MA 01201 in which the program will be explained. The program is planned to last ten months and continuation may then be discussed.

I understand that during the mentoring program, there may be special group events (incorporating mentors and youth, and family events planned. I understand that the mentoring staff will continuously monitor the mentoring activities.

I permit the Choices Mentoring Initiative program staff to utilize photographs of my child taken during his involvement in the mentoring program and waive all rights of compensation.

(Signature of Parent/Guardian)

5/31/2022 Choices Mentoring Program Initiative Copy Right