

FOCUS MENTORING PROGRAM
7001 Harford Road ~ Baltimore, MD 21234
Phone: 410-444-2006 Fax: 410-444-7406

PARENT/CAREGIVER AGREEMENT

Date: _____

Dear Parent/Caregiver:

Your child, _____ (full name), has been selected to participate in The Focus Mentoring Program hosted by The Focus Center (formerly Elim Christian Fellowship; Baltimore Inc.). In this program, your child will be mentored by one of our assigned mentors. ***A mentor is a caring adult volunteer who is willing to spend time helping a young person succeed.*** The mentor will be communicating with you and your child once every week by phone or visiting your home every other week. Your child will be asked to complete a profile before he or she is matched with a mentor.

Our mentors have been carefully screened and trained. Mentors, caregivers, and young people receive additional training in the areas of communication, family strengthening, and behavioral management, respectively. Periodically, caregivers are asked to support the program by participating in workshops and by ensuring that your child participates in his/her training as well as community projects. If you should decide not to participate, it may influence your child's future participation as well. To ensure that the program's objectives are being met, while your child is in this program we will monitor his/her academic progress. **To do this, we need your authorization to speak with your child's teacher and for his/her school to release academic reports to our program staff.**

To help us measure and evaluate the benefits and effectiveness of The Focus Mentoring Program, near the end of the program your child will be given a survey. Your child will also be asked to participate in a focus group together with the project evaluators and other youth in the program. In both the survey and the focus groups, your child will be asked to tell us about his or her opinions and his or her experience with the mentor. Your child's evaluative information will be kept confidential and seen only by professional evaluators. A report summarizing the broader findings will be used to help us strengthen The Focus Mentoring Program and shared with others interested in offering quality mentoring opportunities to young people.

We hope that you will approve of having your child participate in this exciting program. If you have any questions, please call me.

Sincerely,

Reverend Monica Blackford
President/CEO

PARENT/CAREGIVER PERMISSION FORM

Please return this page to the Focus Program

- 1) ____ (Initials of parent/caregiver) I grant permission for my child, _____, to participate in *The Focus Mentoring Program* and be matched with a mentor.

- 2) ____ (Initials of parent/caregiver) I agree to attend the Family Strengthening Workshops and other activities for caregivers.

- 3) ____ (Initials of parent/caregiver) I grant permission for my child, _____, to participate in the trainings, workshops and focus groups. Child's Name

- 4) ____ (Initials of parent/caregiver) I grant permission for _____, Child's School my child's school, to release academic reports to Focus Mentoring Program.
(Report cards & progress reports)

- 5) ____ (Initials of parent/caregiver) I grant permission for my child, _____ to be photographed for promotional material and media coverage.

- 6) ____ (Initials of parent/caregiver) I give permission for my child to attend field trips. I realize that my permission authorizes my child to be transported via a privately owned vehicle.

- 7) I release The Focus Center (Elim Christian Fellowship; Baltimore, Inc.), its authorized agents and mentors from liability in case of accident during activities related to The Focus Mentoring Program, as long as normal safety procedures have been taken.

Parent/Caregiver Signature

Date