

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 permit my child to participate in the Choices Mentoring Initiative program at 475 Tyler Street, 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, 475 Tyler Street, Pittsfield MA 01201. I understand that my child will participate in an "Introductory" session at 475 Tyler Street, 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)