



P.O. Box 3696 ♦ Nampa, Idaho 83653
208.459.2844 ♦

www.MentoringNetworkID.org

Dear Parent/Guardian:

As part of The Mentoring Network, your child's school is offering one-on-one mentoring to students who have leadership and academic potential. Mentors are screened and trained adult volunteers from the community who meet with students for one hour a week during school hours or school-sponsored activities. We are requesting your permission to include your child in the mentoring program, as we believe he/she could benefit from such assistance.

Information provided by you or your child's school will be kept confidential.

Enclosed you will find several forms. Please read them thoroughly and provide any information that is requested. The following forms need to be completed, signed, and returned to your child's school within one week:

- Permission to Participate
- Confidentiality Policy
- Authorization for School to Release Information
- Consent to Share Match Information/Agreement to Protect Confidentiality of Match Information

If you have any questions about The Mentoring Network or regarding any of these forms, please do not hesitate to contact Donna Shines at (208) 459-2844. As soon as all of the necessary paperwork is returned, your child's school counselor will contact me and they will schedule a time with you and your child to meet the mentor and set up their mentoring time. Thank you for your assistance and for allowing us to be a part of your child's life.

Sincerely,

Donna Shines
Executive Director/CEO
~One hour a week transforms lives~

Serving the School Districts of Caldwell, Nampa, Homedale, Parma and Vallivue since 1999

February 2012

PERMISSION TO PARTICIPATE

Child's Name: _____
 (First, Middle, Last)

Parent/Guardian Name: _____ Child's Gender: ___ M ___ F
 (First, Last)

Mailing Address: _____
 (PO Box/Street #) (City) (Zip)

Phone: (hm) _____ (c) _____ (msg) _____

E-Mail: _____
 (hm) (wk)

Best day/time to contact me: _____

EMERGENCY CONTACT: _____ / _____ / _____
 Name Relationship Phone #

Has your child ever had a mentor before? ___ Yes ___ No

Is your child eligible for free and reduced lunch? ___ Yes ___ No

HOUSEHOLD MEMBERS

NAME (include student applicant)	RELATIONSHIP TO STUDENT (please specify) *	AGE

* (mother, father, brother, sister, step-parent, parent's partner, other relative, guardian, foster care, etc.)

1. Child's photos may be used in program advertising media. ___ YES ___ NO
2. I have discussed the program with my child and he/she wants to participate. **I grant permission** for my son/daughter to participate in The Mentoring Network, Inc.'s program.
3. I understand and agree that there will be no contact between my child and his/her mentor outside of the school program setting.

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY	
Student ID: _____	Intake Date: _____
DOB: _____	Date of Match: _____

CONFIDENTIALITY POLICY

ACCESS TO CONFIDENTIAL RECORDS

In order for The Mentoring Network, Inc. to provide responsible and professional services to students, it is necessary for volunteers, students, and parents/guardians of students to be asked to divulge personal information about themselves and their families. The Program respects the confidentiality of student and volunteer records and, with the exception of situations listed below, shares information about the students and volunteers only among the appropriate Program staff. The right to confidentiality applies not only to written records and conversations, but also to video, film, pictures, or use of student or volunteer names in agency publications.

All records are considered the property of the Program and not Program workers, students, parents/guardians, or volunteers themselves. In order to provide a service that is in the best interest of the children served by the Program, information from outside sources, including confidential references must be assessed along with information gained from the students, parents/guardians, or volunteers themselves. Records are not available for review by the students, parents/guardians, or volunteers. Parents/guardians and volunteers shall be provided at the time of application with a copy of this statement on confidentiality along with the exceptions, which define the limits of the confidentiality. Parents/guardians and volunteers shall sign a statement that he/she has read and understands the Program's policy on confidentiality and agrees to follow the guidelines it sets forth.

LIMITS OF CONFIDENTIALITY

1. Information will be obtained from and/or released to other individuals or organizations only upon presentation of an "Authorization to Release Information" form appropriately signed by the parent/guardian or volunteer.
2. Identifying information regarding students and volunteers may be used in agency publications or promotional material only in the event that the parent/guardian or volunteer has given permission.
3. For purposes of program evaluation, audit, or accreditation, and with the prior approval of the The Mentoring Network, Inc.'s Board, certain outside bodies may have access to student and volunteer information. These outside organizations shall be required to respect the Program's policy on confidentiality. Outside parties shall be required to use information only for the purpose(s) stated in the approval action The Mentoring Network, Inc. Board.
4. A violation of the Program's confidentiality policy by a staff member will be subject to disciplinary actions up to and including dismissal.
5. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.

6. Information shall only be provided to the Program's legal counsel in the event of litigation or potential litigation involving the Program. Such information is considered privileged, and its confidentiality is protected by law.
7. State law mandates that suspected child abuse be reported to the Department of Health and Welfare and/or the police. All Program staff are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
8. If a Program worker receives information indicating that a student or volunteer may be dangerous to him/herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or a report to the law enforcement authorities.

I have read and understand the above document which states The Mentoring Network, Inc.'s policy with respect to confidentiality of student and volunteer records. I agree to Program participation under the conditions it sets forth.

Full Name of Student: _____

Full Name of Parent/Guardian: _____

Signature of Parent/Guardian

Date Signed

AUTHORIZATION FOR SCHOOL TO RELEASE INFORMATION

I, _____, hereby authorize _____,
 Parent / Guardian (print name) (Name of District)

to release information contained in my child’s records on file with that organization to the individual(s) or organization(s) identified below, but only under the conditions described herein.

1. Name of person(s) or organization(s) to whom disclosure is to be made:

The Mentoring Network, Inc.

2. Specific information to be disclosed:

Demographic information.

Academic information -- grades, state testing scores, attendance, and disciplinary information.

Student involvement with law enforcement information.

Any other pertinent information.

3. Specific use(s) to be made of the requested information:

To assist in determining eligibility for participation in program.

To assist in determining how a mentor may best meet student needs.

To assist in data collection for national evaluation purposes.

4. I understand that information obtained by The Mentoring Network, Inc. is kept confidential by the Program, to the extent provided by law, and will not be shared with any other agency without presentation of an “Authorization to Release Information” form appropriately signed by me.
5. This consent shall expire upon the date that my child terminates participation in The Mentoring Network, Inc.

 Student’s Name (please print)

 Student’s Date of Birth

 Signature of Parent / Guardian

 Date Signed

This client information release authorization form is prepared in compliance with Title 42 of the Code Federal Regulations, Part II

CONSENT TO SHARE MATCH INFORMATION

I, _____, understand that the following
(Name of Parent/Guardian)

information about my child will be shared with a prospective adult mentor:

Age, sex, race, religion, interests/hobbies, personality characteristics, family background, family/living situation, academic needs, reasons for wanting a mentor, and any unique circumstances.

I consent to the disclosure of this information to a potential mentor for my child. This consent expires upon the date that my child terminates participation in The Mentoring Network, Inc.

Signature of Parent/Guardian

Date Signed

AGREEMENT TO PROTECT CONFIDENTIALITY OF MATCH INFORMATION

I, _____, understand that the following
(Name of Parent/Guardian)

information about a prospective mentor may be shared with me:

Age, sex, race, religion, interests/hobbies, personality characteristics, marital status, family/living situation, employment status, reasons for wanting to be a mentor, and why the individual was chosen for the particular match.

I agree to keep information discussed with me, regarding a mentor, confidential. I will not discuss this information with any person other than assigned professional staff of The Mentoring Network, Inc.

Signature of Parent/Guardian

Date Signed