



Camp S.W.A.G. Mentoring Program

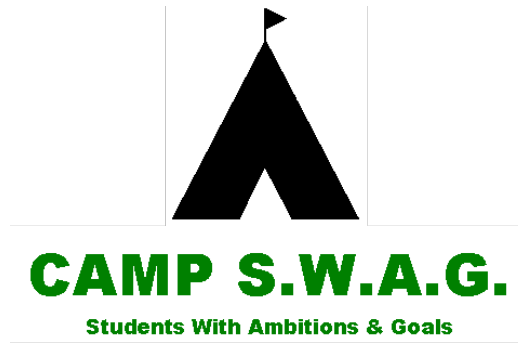
MENTEE/PARENT CONTRACT

I, _____, agree to participate in the Camp S.W.A.G. Mentoring Program. I understand that the mentor is a volunteer who wants to help me to be more successful in school and in life, and will act as a friend, advisor, and role model. I also understand that no monetary assistance is provided by the mentor or the Camp S.W.A.G. Mentoring Program.

I understand that the mentor agrees, for six months to one year, to meet with me at least once a week (or four times a month).

In return, I agree to:

- Try hard to have a good relationship with the mentor;
- Keep all appointments with my mentor;
- Notify my mentor if I cannot keep an appointment with him/her for any reason;
- Respect the guidelines set forth by my mentor;



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- Attend all required program activities;
- Abide by the rules and regulations of the Camp S.W.A.G. Mentoring Program;
- Communicate with the Camp S.W.A.G. Mentoring Program coordinator if I feel uncomfortable or experience problems at any time during the Camp S.W.A.G. Mentoring Program; and
- Fill out a survey at the end of the year.

I understand that if I miss three mentoring sessions I may lose the privilege of participating in the Camp S.W.A.G. Mentoring Program.

Print Mentee Name:	
Mentee Signature:	Date:
Print Parent/Guardian Name:	
Parent/Guardian Signature:	Date: