

CAMP S.W.A.G.

Students With Ambitions & Goals

Camp S.W.A.G. Group Mentoring Program

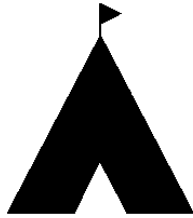
MENTEE/PARENT CONTRACT

I, _____, a mentee (and CSWAG Member) of the Camp S.W.A.G. (CSWAG) Group Mentoring Program agree to participate in the CSWAG Group Mentoring Program. I understand that the group mentor is a qualified mentor who wants to help me and my mentoring group 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 group mentor or the CSWAG Group Mentoring Program.

I understand that the group mentor agrees to meet with me the group mentoring program for nine-months, twice a month for two hours.

In return, I agree to:

- Try hard to have a good relationship with the mentor and other CSWAG Group Mentoring Program mentee and members;
- Keep all appointments/meetings with the CSWAG Group Mentoring Program;
- Notify my group mentor if I cannot keep a group meeting with the group mentor for any reason;
- Respect the guidelines set forth by the Group Mentoring Program mentor;
- Attend all required program activities;



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- Abide by the rules and regulations of the CSWAG Group Mentoring Program;
- Communicate with the CSWAG Mentoring Program group mentor or a CSWAG coordinator if I feel uncomfortable or experience problems at any time during the CSWAG Mentoring Program; and
- Fill out a survey at the end of the year.

I understand that if I miss three group mentoring sessions I may lose the privilege of participating in the CSWAG Group Mentoring Program.

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