



Mentorship/Program Contract

Student

Student's Name: _____

Grade: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Company/Program

Name: _____

Location Address: _____

City: _____ State: ____ Zip: _____

Phone: _____

Website: _____

Mentor Information

Mentor/Program Name: _____

Phone #: _____

Start Date

End Date

General Criteria

1. The training is for the benefit of the students.
2. The students do not displace regular employees, but work under their close observation.
3. The business provides the training and should not anticipate or any productivity service benefit, in that the primary goal is for education.
4. The students are not entitled to a job at the conclusion of the training.
5. The business and the students understand that the students are not entitled to wages and shall not receive any fiscal compensation for the time spent in training.
6. If a **Program Experience**, program will provide a minimum of 20 hours of simulations, first-hand learning experiences and/or field trips to introduce the student to the career pathway.
7. If a student is released from the mentorship for a justified reason, it will be communicated to the Mentorship Coordinator, Mrs. Amy Tarlo at atarlo@soudertonsd.org.

Souderton Area High School agrees to:

1. Manage the program and provide necessary forms.
2. Provide all necessary instruction.
3. Act as liaison between the parties of this agreement.
4. Maintain adequate records and data management of the mentorship program.
5. Notify the business in advance of any changes.

Mentorship/Program Contract

Student agrees to:

1. Abide by the regulations, policies and rules of both the business and the school.
2. Attend the introductory meeting, any appropriate training and the closing appreciation
3. Notify the business supervisor of any absence or late arrival prior to starting time.
4. Record daily journal entries on his/her activities as required.
5. Not hold the business liable for accidents or injuries sustained during mentorship, as noted in the Liability Consent Form.
6. I understand that in the course of my mentorship experience I may have access to and be involved in the processing of verbal, written, computer-generated, computer-accessed, filmed, and/or recorded information relating to clients and employees or company business.
7. I understand that I am required to maintain confidentiality of this direct or indirect information at all times, both during and after my mentorship experience. I understand that I will not share, discuss, or reveal any of this information with anyone. I understand any breach of confidentiality may result in disciplinary action, including termination or legal action.
8. I agree to abide by the confidentiality policy as stated above.

Mentor agrees to:

1. Assign a mentor who will evaluate and supervise the mentee.
2. Notify the Mentorship Coordinator, Mrs. Amy Tarlo, in advance if plans are made to terminate or alter the position of the mentee.
3. Provide safety instruction for all tasks and duties on site that present a possible safety hazard to the mentee.
4. Comply with all applicable state and federal employment regulations, that may include equal opportunity employment, and no discrimination on the basis of race, color, national origin, including limited English proficiency, sex, or handicapping conditions.
5. Adhere to the provisions of all state and federal child labor laws and existing labor-management agreements.

The Parent or Guardian agrees to:

1. Ensure the student mentee is carrying out his/her responsibilities and to contact the school Mentorship Coordinator, Mrs. Amy Tarlo, not the Mentor, when problems or questions arise concerning the student mentorship.
2. Provide transportation to and from the assigned mentorship site.
3. Provide insurance for the student.

Agreement of Terms

Signature of Student

Date:

Signature of Parent or Guardian

Date:

Signature of Mentor

Date:

Parent/Guardian Consent Form

Your son/daughter has chosen to participate in the Mentorship Program offered through Souderton Area High School. This document is intended to give permission for your child to participate in the program, realizing that each student must provide his/her own transportation to and from the mentorship site.

1. Participation

_____ may participate in the Mentorship Program as specified in the Mentorship Contract and Training Plan, which will be completed once he/she is officially assigned an mentorship site. **Yes** **No**

2. Permission to Travel

a.) As the parent/legal guardian of the above-named student, I hereby consent he/she may drive a private vehicle to and from the mentorship site. I acknowledge that he/she is licensed to drive under the laws of the State of Pennsylvania and agree to advise the school immediately if his/her driving privileges are suspended, revoked, or have expired without a timely renewal. I understand that automobile insurance and registration is required. **Yes** **No**
(Complete #3 below)

b.) As the parent/legal guardian of the above named student, I hereby consent to allow him/her to ride with another student driver to the mentorship site.(Complete #3 below) **Yes** **No**

c.) As the parent/legal guardian of the above named student, I hereby consent to allow him/her to ride with a non-student adult driver (name) _____ to the mentorship site. **Yes** **No**

3. Mentorship Vehicle Verification (for student drivers only)

Make/ model of vehicle _____

License Plate # _____

4. Photo Release

I grant permission for my son/daughter to be photographed or videotaped for promotional and educational purposes while participating in this program. **Yes** **No**

5. Medical Authorization and Insurance Information

Should it be necessary for my son/daughter to have medical treatment while participating in this program, I hereby give the school and/or the mentorship site personnel permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate. **Yes** **No**

Permission is also granted to release emergency contact/medical history to the attending physician or to the mentorship site personnel, if needed. **Yes** **No**

6. Special Accommodations

Does your son/daughter require any special accommodations because of medical limitations, disabilities, or other restrictions? If yes, please explain: **Yes** **No**

I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to make claim against Souderton Area School District and _____ (name of mentorship site) or their respective officers, employees, or representatives arising from injury or damages, including attorney fees that may result from my child's participation in the Mentorship Program.

I further agree to indemnify and hold harmless the Souderton Area School District and _____ (name of mentorship site) or their respective officers, employees, or representatives from any claims, including attorney fees, which I or my child might make or which might be made on my or our behalf by others, or which might be made against me or my child by others, arising from my child's participation in the Mentorship Program.

Signature of Parent/Guardian

Date