

O.P.T.I.O.N.S. - Student/Mentor/Parent Contract

Students should provide the following information accurately and completely. All the contact information is required for this form to be accepted.

<i>Student:</i>	<i>Faculty Advisor:</i>
------------------------	--------------------------------

<i>Home Address:</i>		
<i>Parent Emergency Phone #:</i>	<i>Student Cell Phone #:</i>	<i>Home Phone #:</i>

<i>Mentor's Name:</i>	<i>Professional Field:</i>
<i>Mentor's Specific Position & Title:</i>	
<i>Work Site Name:</i>	<i>Work Site Phone #:</i>
<i>Work Site Address:</i>	
<i>Mentor's Email:</i>	

<i>Student</i> The above professional has agreed to serve as my mentor. I am responsible for fulfilling my required internship hours with them. Also, I agree to respect the confidentiality of the work-site and any connected personnel or clients. Furthermore, I am responsible for all of the other requirements of the O.P.T.I.O.N.S. internship.	
<i>Student Signature:</i>	<i>Date:</i>

<i>Mentor</i> I agree to serve as a mentor to the above mentioned student and clearly understand my responsibilities.	
<i>Mentor Signature:</i>	<i>Date:</i>

<i>Parent/Guardian</i> As the parent/guardian of the above mentioned student, I am aware of their choice of mentor, the setting for the internship, and travel requirements. I give my permission for their participation in the mentored internship, which is part of the O.P.T.I.O.N.S. (Senior Experience) program at North Salem High School.	
<i>Parent Signature:</i>	<i>Date:</i>