

**SSJNN MENTORSHIP PROGRAM  
PARENT/GUARDIAN COMMITMENT & RELEASE FORM**

**Please return this form via e-mail to [AStinely@SSJNN.org](mailto:AStinely@SSJNN.org)**

Child's name: \_\_\_\_\_

Where does your child currently attend school? \_\_\_\_\_

In what grade is your child currently enrolled? \_\_\_\_\_

1) \_\_\_\_\_ (Initials of parent/guardian) I grant permission for my child to participate in The Sisters of Saint Joseph Neighborhood Network Mentorship Program and be matched with a mentor. **I agree to ensure that my child is available to communicate with his/her assigned mentor either through me or through his/her own means of communication.**

2) \_\_\_\_\_ (Initials of parent/guardian) I grant permission for my child to take the pre- and post-mentorship interviews with SSJNN staff to learn more about my child and his or her opinion of the program.

3) \_\_\_\_\_ (Initials of parent/guardian) I grant permission for my child to be photographed for promotional material and media coverage.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date