



P.O Box 82889 • Lincoln, NE 68501  
(402) 436-1990 • www.lincolnteammates.org

## Parent/Guardian Information Letter (4 pages)

To the Parents/Guardian of:

Dear Parent/Guardian,

**Before students can meet with their mentor this school year, this form needs to be completed and returned as soon as possible to:**

**TeamMates Office  
P.O Box 82889 Lincoln, NE 68501.**

**If you have questions, please contact the Lincoln TeamMates office at 402-436-1990.**

Congratulations, your student has been nominated to participate in the TeamMates Mentoring Program. The TeamMates Mentoring Program matches a community volunteer with student to serve as a one-to-one mentor. A mentor is someone who serves as a model, friend, champion, coach, or guide. A mentor will take a personal interest in the growth and development of your student and they will be a part of TeamMates until completion of high school, unless you are notified otherwise.

It is TeamMates policy to match adult males with male students and adult females with female students. Adult females may also be matched with male students. The TeamMates mentor will be meeting with your son/daughter once a week during school hours. They may also have contact with your student by phone, mail or email. Any meetings outside of school must be approved by you and include a third party over the age of 18 years. An out of school form must be signed and returned to the TeamMates Facilitator at your school before a meeting can take place outside of the school setting. You can address any concerns you have by calling the TeamMates Safety and Ethics Hotline 1-888-788-7727.

We hope you will agree to have your student become a part of the program and will offer active support and encouragement to make this a successful experience for them. If you would like your student to have a TeamMates Mentor please complete this Parent/Guardian Permission form. In our efforts to better serve students and assess program effectiveness, we request your permission to use your student's grades and attendance information. This information will only be reported in a general way, in group form and will not identify individual students. By signing this form you have granted permission for your student to participate in this worthwhile program.

Thank you for your support of the TeamMates Mentoring Program.

Sincerely,

Walter Powell  
TeamMates Coordinator

**PARENT/GUARDIAN PERMISSION FORM (Page 2)**  
**TeamMates Mentoring Program**

STUDENT LEGAL NAME \_\_\_\_\_ GENDER: M \_\_\_\_\_ F \_\_\_\_\_

STUDENT PREFERRED NAME OR NICKNAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ STUDENT ID \_\_\_\_\_

CURRENT GRADE LEVEL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

LEGAL/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

WORK PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**What is your relationship to the child?**

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Foster Parent   | <input type="checkbox"/> Case Worker |
| <input type="checkbox"/> Father      | <input type="checkbox"/> Adoptive Parent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Step Parent     |                                      |

Does this child live with someone **other** than the legal guardian?    Yes    No

**If YES, who does the child live with?**

- |  |  |                                      |
|--|--|--------------------------------------|
| <input type="checkbox"/> Mother & Father | <input type="checkbox"/> Foster Parent   | <input type="checkbox"/> Shelter     |
| <input type="checkbox"/> Mother          | <input type="checkbox"/> Adoptive Parent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Father          | <input type="checkbox"/> Step Parent     | _____                                |
| <input type="checkbox"/> Grandparent     | <input type="checkbox"/> Youth Center    |                                      |

**Please select all that apply for your child.**

**Ethnic Indicator** Hispanic/Latino     Yes     No

**Race:**

- |  |  |
|--|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Pacific Islander |
| <input type="checkbox"/> Asian                         | <input type="checkbox"/> White                   |
| <input type="checkbox"/> Black/African American        | <input type="checkbox"/> Other _____             |

Does your child have any allergies/medical conditions we should be aware of?     Yes     No

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN PERMISSION FORM (Page 3)**  
**TeamMates Mentoring Program**

- Yes       No    I give permission for my student to join the TeamMates Mentoring Program.
- Yes       No    I have read and understand the mentor/mentee agreement my child will be signing (see example on page 4).
- Yes       No    I give permission for my student to be photographed, recorded on film, and/or taped while participating in Teammates related activities.
- Yes       No    I give permission to use my student's discipline records for general evaluation purposes.\*
- Yes       No    I give permission to use my student's grades and attendance records for general evaluation purposes.\*
- Yes       No    I give permission to share my student's grades and attendance information with his/her mentor.
- Yes       No    I agree to allow my student to participate in surveys conducted by the TeamMates Mentoring Program, including:
- TeamMates Program Satisfaction Survey
  - Clifton Youth Strengths Explorer program
  - Developmental Assets Profile

\*Confidentiality of student records is strictly maintained. The information is for evaluating program impact and only overall group data is reported. For more information on student surveys contact the TeamMates Safety & Ethics Hotline at 1-888-788-7727.

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

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PARENT/GUARDIAN PERMISSION FORM (Page 4)  
TeamMates Mentoring Program



**MENTEE / MENTOR AGREEMENT**

(The agreement is to be discussed and signed in the presence of the mentee, the mentor and the TeamMates facilitator.)

**MENTEE**

I, \_\_\_\_\_, agree to work with my mentor and the people at my school to be as successful as I can be.  
Print Student Name

I agree to:

- commit to a **minimum** of one school year with the goal of staying with my mentor through high school graduation;
- meet with my mentor weekly;
- follow my school's rules (or Code of Conduct);
- refuse to do anything illegal;
- ask my parent or guardian, my mentor, or my school if I need help;
- set goals the best I can;
- get to school every day;
- be on time each day;
- work to improve myself;
- treat others and myself with respect.

\_\_\_\_\_  
*Student Signature\**

\_\_\_\_\_  
*Date*

**MENTOR**

I, \_\_\_\_\_, agree to assist my student any way I can.  
Print Mentor Name

I agree to:

- commit to a **minimum** of one school year with the goal of staying with my mentee through high school graduation;
- meet with my student weekly;
- provide encouragement and support;
- set goals for improvement in specific areas we decide on together;
- encourage my student to graduate from high school.

\_\_\_\_\_  
*Mentor Signature\**

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*TeamMates Facilitator Signature\**

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*Date*