

Parent/Guardian Permission Form

Date: _____

Dear Parent/Guardian:

By completing this form your child, _____ (*full name*), will be considered to participate in a mentoring program created by **Girls with Goals Alliance, Mentoring Partnership**. In this program an adult female mentor will be assigned to your child. A mentor is a caring adult volunteer who is willing to spend time helping a young person succeed, and prepare to live and lead productive lives. **GWGA** is a 501 (c) (3), faith-based mentoring program that will promote spiritual values, moral strength, academic success, and social skills. Should your child participate in the program she will meet or communicate with her mentor once a week for one hour with a (1) one year commitment.

The mentors have been carefully screened and trained. Your child will have the opportunity to be introduced to a mentor at an event scheduled for the official meeting, and will be announced at a later date.

In addition, your child will be asked to complete two questionnaires—one before she is matched with a mentor and the second near the end of the program—to help us measure and evaluate the benefits and effectiveness of the **GWGA**. Your child will also be asked to participate in a focus group together with the project evaluators and other youth in the program. In both surveys and focus groups, your child will be asked to tell us about her opinions and experiences with the mentor. Your child’s questionnaire information will be kept confidential and seen only by professional evaluators. A report summarizing the broader findings will be used to help us strengthen **GWGA** and shared with others interested in offering quality mentoring opportunities to young people.

We hope that you will approve of having your child participate in this exciting mentoring program, **Girls with Goals Alliance, Mentoring Partnership**.

If you have any questions, please call me: 877-252-3677 - Delores Perry, Program Coordinator

Parent/Guardian Signature

Date

Print Name

Please initial the following:

PERMISSION TO PARTICIPATE:

1. ____ I grant my child: _____ permission to participate in **Girls with Goals Alliance** and be matched with a mentor. I agree that all communication between my daughter and her mentor will be kept confidential and that should my daughter violate this confidentiality she may be excluded from future participation in this program.

PERMISSION TO TAKE SURVEYS:

2. ____ I my child: _____ permission to take the pre and post-survey questionnaires and to participate in the focus groups.

Parent/Guardian Signature

Date

Address

Debra H. Perry

Program Coordinator

Date _____

If you have any questions, please call me: 877-252-3677