



MENTEE / PARENT CONTRACT

Breaking the Chain Foundation

Bellevue Resource Center ♦ 4415 South Capitol Street, S.W. ♦ Washington, DC 20032
Telephone: 202-373-1822/1823 ♦ Fax: 202-373-1170

I _____, agree to participate in the *Breaking the Chain Foundation Mentoring Program*. I understand that the mentor is a volunteer who wants to help me navigate through difficult circumstances, make positive life choices, enhance my commitment for academic success, and build ambition toward achieving my personal goals. I also understand that there is no monetary assistance provided by the mentor or program.

I understand that the mentor agrees, for one year, to meet with me at least once a week. In return, I agree to try hard to have a good relationship with the mentor.

I also promise to:

1. Keep all appointments with my mentor;
2. Notify my mentor if I cannot keep an appointment;
3. Respect the guidelines set by my mentor;
4. Attend all required program activities.
5. Take part in an initial assessment and quarterly evaluations.

I understand that if I miss 3 mentoring sessions I may lose the privilege to participate in the *Breaking the Chain Mentoring Program*.

Parent/Guardian Signature

Mentee Signature

Date