



Name: _____ Date: _____

By choosing to participate in the LCYMP/LHS Peer Mentor Program, I agree to:

- follow all rules and guidelines as outlined by the LCYMP program director, LHS program advisor, mentor training, program policies, and this contract;
- be flexible and provide the necessary support and advice to help students succeed;
- attend breakfast one day per week during elementary breakfast and act as a role model for the elementary students;
- be on time for scheduled meetings or notify program advisor if I am unable to attend;
- submit monthly meeting times and activities to LHS program advisor, and regularly and openly communicate with LCYMP program staff as requested
- inform the LHS program advisor of any difficulties or areas of concern that may arise;
- keep any information that students tell me confidential, unless it may cause harm to the student or others;
- stay free of alcohol, tobacco, and controlled substances;
- notify the LHS program advisor if I have any changes in address, telephone number, or availability status;
- attend mentor training sessions;

In cases of Emergency

If ANY of your student mentees share information that you feel is questionable, and if you are not sure what to do with the information, you will:

- notify the school secretary, the school principal, and/or the school counselor immediately
- notify the LHS program advisor who will then notify LCYMP program staff

I agree to follow all the above stipulations of this program as well as any other conditions as instructed by program staff at this time or in the future.

Student Signature

Date

Parent Signature

Date

Contacts:

LHS Program Advisor	Mrs. Young	541-947-2287
LCYMP Program Director	Donna Palmer	541-947-4880
LCYMP Program Coordinator	Olivia Perry	541-947-4880