

If child living with only one parent, please answer the following:

- A. Is the child's other parent in the area? ()Yes ()No
- B. Does your child see his/her other parent? ()Yes ()No
- C. If yes, how often? _____
- D. Do you anticipate any objections from the child's other parent regarding participation in the RUSC Kinship Mentoring program? ()Yes ()No

- 1. How did you hear about our program?
- 2. Why would you like your child in the RUSC Kinship Mentoring program?
- 3. Does your child have special needs with which you feel a volunteer can help?
- 4. Are there any problems at home, in school, etc. of which we should be aware?

I, _____ Parent/Guardian (*circle one*)

of _____ (Child's Name), understand the nature of the RUSC Kinship Mentoring program and want my child to participate in it. In order to allow my child to participate, I agree to the following provisions:

- 1. I consent to this child's participation in the RUSC Kinship Mentoring program and give *him/her* my permission to participate.
- 2. I understand that my child will be participating in various one-to-one activities with an Adult Mentor and that my child will be under the Adult Mentor's supervision during those activities. In that every effort is made by volunteers involved in RUSC Kinship Mentoring to provide for reasonable care, protection and supervision of the children participating in the program, I release the volunteer(s) and the RUSC Kinship Mentoring Program from liability for incidents occurring while my child is participating in, going to or returning from RUSC Kinship Mentoring outings.

Print Parent/Guardian Name

Child's Name

Signature of Parent/Guardian

Date

RUSC Kinship Mentoring does not discriminate for reasons of race, religion, national origin, gender, or sexual orientation. Final approval for all matches is given by the parent/guardian of the child.