**MATCH AGREEMENT**

1. I agree to participate in the program as a mentor and to adhere to the policies of the OCOF

program regarding my relationship with the family. I agree to be matched with a

 participating family.

1. I agree to make monthly contact with the OCOF staff to share joys and concerns regarding my mentoring experience on a regular basis (at least once a month or as

 may be needed).

1. I understand that a child from the participating family should always be in a group setting with a

 mentor (i.e. more than one child or adult present in a gathering).

1. I agree to respect the boundaries of my match, and will be open about my own boundaries.
2. I understand that one-on-one contact between the family and team members should be same

 gender or in groups of three or more.

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Signature of Team Member Date

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Signature of Team Member Date

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 Name of Congregation or Organization Date

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OCOF Representative Date