**MENTOR TERMS OF AGREEMENT**

* I understand that completion of an application does not guarantee my acceptance into the

mentoring program and that I will be contacted if I am accepted.

* I understand that the administrator of the OCOF program is committed to the concept of equal

opportunity; therefore, no volunteer shall be excluded from participation in the mentoring program

based on race, color, nationality, religion, sex, or disability, nor shall any volunteer in the program

discriminate against any participating family based on age, race, color, nationality, religion, sex, or

disability.

* I understand that participating in the OCOF mentoring program may

present certain risks to volunteers. These issues will be addressed at the volunteer training session(s),

and all participating volunteers should remain mindful of these potentials.

* I understand this program requires a minimum six-month commitment.
* I understand that I may obtain sensitive personal information regarding the participating family

members, and I agree to keep all such information confidential as stated on my confidentiality

statement.

* I agree to attend the volunteer training provided by the program.
* I certify that I am of solid character and I am fit to participate in the OCOF mentoring program.
* I understand that if I fail to comply with the policies and procedures of OCOF I may be removed from the program.

**I authorize the administrator of the OCOF program to do a complete background check. I understand that this is a volunteer program.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_