**MENTORING CONSENT FORM**

**Parental Consent to Participate in Mentoring Events**

Dear Parent/Guardian,

During the school year, Clyde C. Miller Career Academy may allow mentoring programs on or off campus. The mentoring programs that will be affiliated with your child’s school is coordinated by Restoration ASAP Ministries a 501 c 3 tax exempt Non Profit Organization.

*“Shadow Me”* is the name of the mentoring program. We are available to plant seeds of time supporting grades 9th through 12th. It is designed to empower students to become independent, self-sufficient, and confident. The purpose of this consent form is to request permission for your child to participate in the mentoring programs. Participation is completely voluntary and will not impact the grade or standing of your child. Please note that you may withdraw your consent by contacting the Clyde C. Miller Career Academy, Restoration ASAP, or your current school.

**Please respond:**

**YES, I give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**to participate in mentoring programs**

**NO, I do not give consent for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,**

**to participate in mentoring programs**

**Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**\*This form and Volunteer Applications can be downloaded from the website** [**www.restorationasapministriesinc.com**](http://www.restorationasapministriesinc.com)

**Please signed, and returned consent form to your School or Restoration ASAP Ministries, Inc. PO Box 11045, St Louis, Missouri 63135.**

**Call Diana Gamble 314-532-8820 with your questions concerning the program.**

Revised 10/16/13