

Centers For Youth & Families
HIP Mentoring Program
Mentor Form

Site: Big Brothers Big Sisters of NCA

Name: _____

Emergency Contacts Including Phone Number:

I, the undersigned agree to be apart of the HIP Mentoring Program of Centers for Youth and Families. I understand the guidelines and rules and agree to follow. I have received a copy of the Confidentiality Policy and Guidelines for mentor volunteers.

Signature of big

Date