



## **The Mayfly Project Mentor Agreement Form**

Thank you for joining us on this important mission this year. In order to participate with TMP, we need your background check done and this form signed! Thank you for your help!

By signing this form, you agree to:

- Follow all of the safety rules, trauma informed care videos, and mentor orientation tools provided to ensure all children are physically and emotionally safe at all times under your care.
- Protect the confidentiality of the children in your care by keeping their name and information about their story private and not sharing any identifiable pictures of the children without prior authorization.
- Uphold the integrity of TMP in your community during your time volunteering for TMP-- which includes using discretion when posting online, being a good example to our youth by not glorifying drugs or alcohol or participating in any form of sexual harassment or discriminatory behavior against any race/ethnicity/disability etc. (on social media as well).
- If you are released from being a TMP mentor by our staff, or our relationship is otherwise terminated, you agree to not share any of our forms, curriculum, processes, wording, or passwords with anyone or any other agency.
- If you have any grievances with TMP you will discuss it with our Executive Director, Jess Westbrook, or Program Director, Kaitlin Barnhart, immediately.

Mentor Name: \_\_\_\_\_

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

Project Location: \_\_\_\_\_

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