



Mentee Consent Form

I, _____ (your name) agree to participate in the Youth Mentoring Partnership through the True Colors, Inc. Program. I understand that my mentor will meet with me for a minimum of at least two to three times a month and will participate in the recreation activities provided by the program. I also agree to contact my mentor if there should be a problem or if I am unable to attend an activity and/or if I can't meet at our specified time.

Mentee _____

Date _____

Coordinator _____

Date _____

Guardian (if under 18) _____

Date _____