

# STUDENT'S LETTER TO GP MENTOR AND MENTOR CONSENT FORM

Student Name \_\_\_\_\_ (please print)

Dear \_\_\_\_\_:

I am participating in the North Carolina and LRHS Graduation Project. During my field work I may need the cooperation of an adult mentor who has expertise with the topic I am researching. The responsibilities of the mentor are as follows:

1. to complete the WCPSS volunteer registration procedures for levels 1-4, including a criminal background check.
2. to arrange for my "hands on" experience.
3. to provide guidance for my fieldwork and product completion.
4. to serve as a sounding board for my ideas about my product.

I understand that I am responsible for keeping any and all appointments that we make. I also understand that the Fieldwork Verification Form will be signed by you at the end of my fieldwork.

If you have any questions, please contact the Graduation Project Coordinator \_\_\_\_\_ at the school phone number \_\_\_\_\_.

Thank you for your time and willingness to be a part of my education. Please sign below to indicate your consent and return to me within the next week.

Sincerely,  
\_\_\_\_\_ (student's name)

## To be completed by mentor:

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

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

- I have received approval through the WCPSS volunteer registration process.
- I have expertise in the research area and am willing to serve as the student's GP mentor.
- I understand and accept the responsibilities entrusted to me as a Graduation Project Mentor and will oversee the above student's progress during fieldwork and product creation.
- I understand that for the protection of myself and the student, **we will not meet alone.**
- I am at least 25 years old and I am not a relative of the student.

Signature of mentor \_\_\_\_\_ Date \_\_\_\_\_