



Croatan High School Graduation Project
MENTOR COMMITMENT FORM
(Online form)

_____ has requested that you become his/her mentor for the completion of the product phase of the Graduation Project. He/She will talk with you about his/her plans. As you discuss this project with the student, please be advised that the product must be a “learning stretch.” Students are encouraged to become involved with something that has always interested them or to learn something new. If you agree to become the mentor, the student is required to work under your direction for a minimum of *15 hours*. You will be provided with a form to verify the completion of these hours.

Carteret County Schools requires a background check of all mentors. Your signature below indicates that we have your permission to proceed with this check. All information gathered is held in confidence by the Carteret County Schools’ Human Resources office.

We sincerely appreciate your willingness to help. This is a unique opportunity for community members and students to work together to provide a positive experience for all.

Name _____		
Last	First	Middle
Address _____		

Home Phone _____		
Work Place _____		
Work Phone _____		
Best Contact Number _____		
Date of Birth _____		
Month	Day	Year
Give any other names by which you have been known _____		
List the states in which you have lived (other than North Carolina) and approximate dates		
State _____	Dates: (from) _____	(to) _____
State _____	Dates: (from) _____	(to) _____
Signature _____		

I give my child permission to work with the above-named mentor.

Parent Signature _____ Date _____

Student Signature _____ Date _____