

CREATE

MENTORING PROGRAM

To educate and inspire students to pursue career pathways which create the built environment.

Student Commitment and Comment Form

ATTENDANCE:

Timely and regular attendance is an expectation of performance for all CREATE students. To ensure positive team morale and to meet productivity standards throughout the year, students will be held accountable for adhering to their team's schedule.

If a student is unable to attend a scheduled meeting due to a valid school, family, or medical reason, students must communicate with their team leader(s) or instructor of their absence IN ADVANCE of the CREATE meeting.

The MINIMUM attendance necessary for students to be eligible for scholarships and awards is seven sessions or 75% of meetings.

CONDUCT:

Students will never:

- Conduct one-on-one meetings behind closed doors with mentors.
- Use, possess, or be under the influence of illegal drugs, tobacco products or alcohol during meetings.
- Discuss personal matters with mentors.
- Exchange money or individual gifts with mentors.
- Transport students in mentor vehicles without school approval and specific, signed consent of parent or guardian.
- Discriminate based on age, gender, creed, sexual orientation, ethnic or socio-economic background.

CONTACTS:

Students and parents or guardians should direct questions or concerns to your CREATE Team Leader(s):

MENTOR

INSTRUCTOR

Name:

Name:

Email:

Email:

Phone:

Phone:

I agree to the attendance and conduct policies of the CREATE Mentoring Program listed above.

Name:

Signature:

Date:

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Parent/Guardian Release Form

This form must be completed and returned to CREATE team leaders or instructors before the program begins.

Student First Name: _____ Last Name: _____

Dear Parent/Guardian:

As part of the CREATE Mentoring Program, your student will be participating in sessions held in offices, construction sites, and at other sites related to the building industry in your community. Please provide us with the information requested below:

1) In case of emergency, list **two** people to be contacted:

	Emergency Contact #1	Emergency Contact #2
Name:		
Relationship:		
Day Phone:		
Eve Phone:		
Mobile Phone:		

2) Does your child have a medical condition we should be familiar with? Yes No
If yes, please describe. Use the back, if necessary.

3) Does your child require medication? Yes No
If yes, note provision you have made and any information we must be aware of. Use the back, if necessary.

4) Does your child have any dietary restrictions? Yes No
If yes, please describe.

5) In case medical information is required, your family doctor may have to be contacted.

Family Doctor: _____

Phone Number: _____

CREATE MENTORING PROGRAM

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I, _____, Parent or Guardian of _____ (the “Student”), hereby give my consent to the Student’s participation in the CREATE Mentoring Program, which includes visits to construction sites, mentor firm offices and other locations. I understand that the Student may be walking, taking public transportation or traveling by other means to these locations without teacher or mentor supervision but that the Student will be accompanied by mentors from the CREATE Mentoring Program while CREATE programs are in session at those locations.

In consideration of the permission granted to me and to the Student for the Student to participate in the CREATE Mentoring Program, we, the Student and the Parent or Guardian, to the extent permitted by law, do hereby (1) assume any and all risk and liability for losses or damages to property and for damages, injuries or death to the Student which may arise in connection with travel to or participation in activities, programs or functions sponsored by CREATE or its affiliates, and hereby, for the Student and for myself and our heirs, executors, administrators, successors and assigns, do release and discharge the CREATE Mentoring Program and the Sacramento Regional Builders Exchange (SRBX) Education Foundation, officers, directors, employees, volunteers, predecessors, successors, representatives and assigns (collectively “CREATE”), from any and all claims, actions, and liabilities arising from or relating to with travel to or participation in activities, programs or functions sponsored by CREATE or its affiliates, (2) grant permission for video graphic, photographic or audio recording of the Student’s participation in activities, programs or functions sponsored by CREATE or its affiliates, and for the use of such recordings by or with the consent of CREATE for promotional and educational purposes and (3) grant permission for CREATE to track the educational and employment history and status of the Student following the Student’s participation in the CREATE program and to obtain student transcripts for that purpose from educational institutions attended by the student upon presentation of a copy of this document to such institutions.

We have carefully read the foregoing consent and release form and know and understand the contents thereof. We sign this consent and release voluntarily as our own free act with knowledge of its significance, intended to be legally bound thereby.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____