

Contra Costa Health Care Provider

e-Mentoring Volunteer Agreement

Volunteers must agree to the terms of the program to participate. Please provide the information requested, and then sign and date this form. If you have any questions, please contact your company coordinator or the program coordinator. See website for contact information:

<http://cceconptnr.org/e-Mentoring>

All participants must complete this form!

Volunteer Name: _____
(first) (last)

Company/Organization Name: _____

Volunteer's E-mail Address: _____

I have received training/information detailing the expectations and boundaries of the e-Mentoring Program in which I am participating. I understand that my interaction with students involved in this program must be limited to supervised program activities and events. I agree not to exchange personal contact information with my student(s). If I wish to interact with a student outside of supervised program activities and events, I will contact ***both*** the established mentoring coordinator ***and*** lead teacher and obtain permission from them which includes the student(s)' parent or guardian approval as well.

(Volunteer Signature)

(Date)

Once you've completed the form and signed it, please e-mail or fax to:

Marcos Blanco
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3012 Summit Street- 3rd Floor | Oakland CA 94609
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