

Handout 13
Mentor Agreement Form

I, _____ (name), am voluntarily entering into a mentoring role, which provides support to families. To minimize administration details, I agree to the following terms set forth by the Cherokee County DFCS, referred in this document as “DFCS”, and myself, referred in this document as “mentor”.

Confidentiality. As a mentor for DFCS, I will have access to privileged information about the families served. When a family contacts me for assistance, I will keep this information confidential from all other persons, unless it requires an investigation for abuse or neglect. I understand that I may not disclose any information to friends, relatives, neighbors, and service agencies and their workers, families, my fellow mentors other than DFCS, EMBRACE staff and/or the Coordination Team.

Mentor Role. I agree to abide by the mission, goals, and purpose of DFCS and its FOCUS Program, and shall remain a DFCS foster parent during my role as a mentor. I understand that I will be released from my mentor role if I fail to abide by the mission, goals, and purpose of DFCS and the FOCUS program, fail to promote a positive working relationship with families and agencies, and fail to comply with my role responsibility and confidentiality. I agree not to misuse representation and my position as a mentor, and shall not knowingly misadvise families. I agree to follow all laws and policies of the State of Georgia.

Investigation. I agree that if my home falls under investigation by DFCS, I will notify the FOCUS Coordination Team. I agree that during this time, I will step down from my role as a mentor until a decision is made on the status of our home. I understand that during the time of the investigation, DFCS and EMBRACE will offer support and guidance to my home and me.

We have discussed the terms of this agreement and understand its contents.

We agree to a no-fault conclusion, which means, that if for any reason, I or DFCS feel that my competencies and interests do not fit with the goals of the FOCUS Program, we can conclude the terms of this agreement without damage to either party.

Signature of Mentor

Date

Signature of FOCUS Coordination Team Member

Date