

**Project Hope, Inc.
PO Box 8427
Moscow, ID 83843**

Informed Consent & Release of Liability for Mentoring Services

First Name:

Last Name:

Address:

Email:

Phone:

In consideration of the opportunity to participate as a client in the Mentoring Services of Project Hope, Inc., the undersigned hereby understands and agrees as follows:

1. Project Hope offers Biblical Mentoring Services to those who are in need of spiritual nurture, guidance, and assistance. Being accepted as a client is based upon the discretion and availability of the mentor.

2. "Mentoring" is a service whereby non-licensed (lay) individuals of God's grace and mercy seek to provide care to people who are seeking help. These mentors have completed a mentoring training course, which offers to equip people to serve God in this particular ministry. "Mentor," as the term is used herein, means a trained but non-licensed person to care for people assisting the clergy in the ministry of pastoral care. As the term is used herein, "Mentor" does not describe a professional psychological service or refer to a surrogate mental health care provider; it describes the work of a lay minister.

3. Project Hope encourages (not requires) participation in a local Christian church. I understand this mentoring is from a Biblical perspective, but I am not required to own this belief system. Open discussion about spiritual matters will be encouraged.

4. Fees for the Mentoring are \$40 per hour. When five or more sessions are purchased at one time the rate will be \$35 per hour. I also understand that the non-profit ministry of Project Hope, Inc. accepts donations and I can donate beyond the mentoring fee to support the services provided by this ministry. These donations will be used for any of the ministries that Project Hope, Inc. oversees including but not limited to Celebrate Recovery, Prison Ministry, the local jail ministry, as well as Mentoring Services for those who can not afford this service.

5. Mentoring Agreement Understanding

I understand that I am not receiving what would be considered professional psychological counseling from a mentor at Project Hope, Inc. The mentoring services provided by Project Hope are not to be regarded as a substitute for medical or mental health services. Each client receiving mentoring services assumes complete and sole responsibility to seek or maintain such care as needed. I agree to assume the responsibility for seeking and/or maintaining such care for myself, and specifically agree that my participation in the mentoring services is determined by myself as the client.

I understand that I may be assigned homework and that I am a part of the process of change. I agree to apply myself to the best of my ability. I recognize that if I often come unprepared or miss several appointments I may not be ready for change and either may voluntarily remove myself or I may be dropped from the services offered at the discretion of the counselor.

I understand that my counseling records are to be kept confidential between myself, my counselor, and possibly a supervisor, except where disclosure is required by the law (e.g. child or elder abuse), or unless I am a serious threat to myself or others. Additionally, I understand there are only certain circumstances in which confidentiality may be broken:

- a. First, if an individual appears to intend to take harmful or criminal action against another person or against self, it is the Mentor's duty to warn appropriate persons or agencies, such as a personal physician or law enforcement officials.
- b. Second, if there is any suspicion of recent or current child or elder abuse, there is a legal duty to report the abuse to appropriate social agencies.
- c. Finally, if there is ongoing behavior that is clearly damaging to another (Biblically immoral or unethical such as, but not limited to, adulterous behaviors), confidentiality may be broken in order to resolve the situation. In such cases, every effort will be made to assist the client in resolving the issue in as gracious a way as possible.

6. Release of Liability

I understand that at any point an issue that I am working on with my Mentor may move beyond what the Mentor Ministry of Project Hope was designed to deal with. Consequently, termination of my participation in the mentoring process may be necessary so that I can seek appropriate help from pastoral or professional health care providers. I understand that my mentor is not obligated to make any referral to pastors or health care professionals, that seeking such pastoral or professional care is my sole responsibility, and if they do, that such referrals may be considered by me as a suggestion or recommendation, not a requirement. I personally assume all risk associated with seeking the services of pastoral or health care professionals and hereby release Project Hope, Inc., its employees, and volunteers from any claim, damage, or liability of any kind or nature that may arise by my participation in or because of this Mentoring ministry.

I hereby release, remise and forever discharge and covenant not to sue or hold legally liable Project Hope and the employees or volunteers of this ministry from any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the mentoring process.

I understand Project Hope is a separate entity from any affiliated church or non-profit ministry and hereby release, remise and forever discharge and covenant not to sue or hold legally liable any affiliated church from any and all claims, demands, actions or causes of action of whatsoever kind and nature related to the mentoring process.

I understand that if any provision or part of this Informed Consent and Release of Liability agreement is found to be invalid or void as against public policy or by any court jurisdiction, the remainder of this agreement shall remain in full force and effect.

I have read the preceding agreement and agree to the policies stated.

Client

Date