

# Flying Cloud Institute

## Signature Page

### Girls Science Club Senior Mentor Job Contract

Please obtain the following signatures and return entire form to the coordinator as soon as possible:

\_\_\_\_\_  
Mentor Name (printed)

\_\_\_\_\_  
Mentor Signature

\_\_\_\_\_  
Date

## Parent/Guardian Permission Form

I verify that \_\_\_\_\_ has my permission to apply for the Flying Cloud Institute, Young Women In Science Mentoring program. If she is hired, I agree to promptly pick her up at the end of each session.

\_\_\_\_\_  
Parent /Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature

**Or**

I verify that \_\_\_\_\_ has my permission to apply for the Flying Cloud Institute, Young Women In Science Mentoring program. If she is hired, I agree that she has my permission to walk home alone.

\_\_\_\_\_  
Parent /Guardian Name (Printed)

\_\_\_\_\_  
Parent/Guardian Signature