MEMORANDUM

To: (Student Mentor's Name/Legal Name) _______________________
From: (Department Supervisor) Heidi Graff, PhD., Karen M. Ingram, M.Ed.
Subject: Voluntary Mentor Work for George Mason University, Mason LIFE Program
Date: ________________

Thank you for volunteering to mentor in George Mason University’s Mason LIFE Program. The purpose of this memorandum is to explain certain procedures and the scope of your work.

You have agreed to work (hours, days, time when convenient, etc.) as agreed upon below.

The job title will be Mentor/IS/EA or Other_______________ and the general nature of the work will be (see short summary) and your specific duties can/will be listed in addition as follows:

Volunteer times: As determined per schedule or Other_______________

Summary with duties: Actively assist Lead Mason LIFE Instructors as necessary within the classroom setting/special topics courses/ employment setting or Other_______________

Your supervisor(s) will be Heidi Graff, PhD., Director, and/or Karen M. Ingram, M.Ed. (Academic Program Coordinator), Kudy Giwa-Lawal, M.Ed. (University Coordinator), or Jen Labbe, M.Ed. (Employment Coordinator). All of your Mentor activities will be in their name(s). Please keep them informed of your activities and any anticipated need to expend or commit University resources. (In the event the Mentor is authorized to make financial commitments, please specify.)

While carrying out University duties in your voluntary Mentor capacity, you will be an agent of the Commonwealth; and as such, liability claims for simple negligence will be covered under the State’s Risk Management Plan. This coverage does not include the willful disregard of safety or illegal acts. Further, if you are injured within the scope of your duties, the University carries insurance that will pay up to $10,000 for medical bills. Your personal property and your vehicle are not covered under the State Plan. If you have any insurance questions, please call the Mason Risk Management Office at 703-993-2599.

Best wishes for a mutually beneficial experience at George Mason University and with association in the Mason LIFE Program.

______________________________________                         ___________________
Signature of Voluntary Mentor      Date

______________________________________                         ___________________
Signature of Parent or Guardian (If volunteer is under 18)  Date

______________________________________                         ___________________
Signature of Department Supervisor                                                  Date

RMO Form 06A
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