

Write Turn Mentorship for Girls

For Her

Write Turn is a six month mentorship program made up of uniquely tailored workshops to help you discover who you are, determine why you're here, and support you in where you are going. I am not a therapist or a life coach. I simply facilitate a process for you to discover yourself. Everything you need is already within you and we will use creative means to reveal your truth.

Individual sessions are weekly, 2hrs one night a week. Group sessions may be recommended, but are always optional.

The first month you become an Explorer. In this stage, we analyze different aspects of your life and collaboratively design workshops for you to occur over the next six months. You must approve of all workshops prior to start date.

To be accepted into the program the only requirement is that you are willing. That means showing up. It's a voluntary program and what you put into it is what you get out of it. My promise as your mentor is to encourage, challenge, and support you along the way.

Privacy of Information Shared

Sometimes we will discuss issues that will include things you don't want your parents or guardians to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable. Privacy, also called confidentiality, is an important and necessary part of this process.

As a general rule, I will keep the information you share with us in our sessions confidential, unless I have your written consent to disclose certain information.

I am not required by law to report, but ethically I will seek outside counsel if I believe you are in danger of harming yourself and may refer you to a licensed professional. I will first always encourage you and help you find a way to grow in our workshops together.

Communicating with your parent(s) or guardian(s):

I will not tell your parent or guardian specific things you share with me in our sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm.

Even if I have agreed to keep information confidential — to not tell your parent or guardian — I may believe that it is important for them to know what is going on in your life. In these

situations, I will encourage you to tell your parent/guardian and will help you find the best way to speak your truth. Also, when meeting with your parents, I may sometimes describe problems in general terms, without using specifics, in order to help them know how to be more helpful to you.

Communicating with other adults:

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian.

Adolescent Consent Form

Adolescent:

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality.

Minor's Signature _____ Date _____

Write Turn Mentorship for Girls

For Parents

(If under the age of 18)

This program is designed to be experienced over the period of six months to help girls successfully integrate the tools they learned into their own life. However, if we determine that we need to continue past six months we can agree to extend. If I find that your child is in need of professional therapy during the six months I will refer you to licensed professionals and practitioners in the area and pro-rate any remaining funds of the mentorship within 30 days.

The 6 months are meant to create a safe environment and inspire transformation. If your child does quit the program before 6 mo, however, you are still required to pay for the length of the program as time and resources were spent to develop it for her.

Parent Agreement to Respect Privacy

Parent/Guardian:

Check boxes and sign below indicating your agreement to respect your adolescent's privacy:

I will refrain from requesting detailed information about individual sessions with my child. I understand that I will be able to meet with her mentor at any time.

Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my adolescent's treatment.

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the mentor's judgment.

Payment

Each weekly session is 2hrs @ \$45/hr held 1 night each consecutive week at 5171 Eldorado Springs Drive Boulder, Co 80302 for a period of six months. Payments are due in 3 installments, to be received every two months, over the length of the mentorship.

Cost Breakdown

6 month period: January – June (*Example*)

2hrs/week @ \$45/hr
\$360/mo.

Payment Due Dates (3 installments):

January 1: \$720 (8 weeks)
March 1: \$720
May 1: \$720

Additional Materials Cost: \$200

Total Cost of 6 Month Program: \$2,360

Workshop approval and payment must be received by parent on the 1st of the month. There is a 2 week cancellation notice.

Acknowledgement and Release of Liability

You agree to abide by the terms and conditions of this Agreement and consent for your minor to participate in Write Turn's Mentorship Program. Moreover, in consideration of the benefits to be derived from mentorship, the receipt whereof is hereby acknowledged, you hereby indemnify and hold harmless, release, remise and forever discharge and covenant not to sue or hold legally liable Write Turn, ("DBA" Write Turn for Girls); or the staff (including Owner: Camille Bradbury) from any and all claims, demands, damages, actions, or causes of action whatsoever related to workshops and individual sessions. You understand that Write Turn does not provide professional counseling or behavioral services and may seek outside counsel to consult with in serious cases.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Mentor Signature _____ Date _____

