

Mentorship Program Authorization Form

Date: _____

To Whom It May Concern,

I, _____ (Your Name), hereby authorize my participation in the Mentorship Program organized by _____ (Organization Name). I understand that the program aims to provide guidance, support, and resources for professional development.

As a participant, I commit to:

- Attend all scheduled mentorship meetings.
- Maintain open and honest communication with my mentor.
- Respect the confidentiality of our discussions.
- Actively engage in the mentorship process.

In case of any concerns or questions, I will reach out to the program coordinator at _____ (Contact Information).

Thank you for the opportunity to be part of this mentorship program.

Sincerely,

(Your Name)

(Your Contact Information)