



## Plan for Meeting Outside of School

This meeting plan covers: (List Specific Meeting Times, Dates and Places)

Please sign below if you agree to this outside of school visit. Your signatures indicate that you agree to accept responsibility for this visit. All parties involved must sign the plan in order for it to be valid. **If all parties have not signed this form or the visit has not been approved by the TeamMates Coordinator, your role as a volunteer with the TeamMates Mentoring Program may be terminated.**

- It is recommended that mentors keep a copy of the completed Plan to Meet Outside of School Form.
- The minimum amount of personal liability insurance that a mentor must have in place is \$100,000/\$300,000 (each person/each accident respectively).
- It is **mandatory** that a mentor and their student be accompanied by a third party when meeting outside of the school.
- It is **mandatory** that a mentor and their student be accompanied by a **third party** when a mentor provides transportation for their student. This includes transportation to or from a public location.

Name of Third Party \_\_\_\_\_ Relationship \_\_\_\_\_ Age \_\_\_\_\_

\* Third Party Must be 18 Years of Age or Older

Please attach a copy of your driver's license and proof of your automobile liability insurance documenting the coverage amount.

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

Youth TeamMate Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Mentor Signature \_\_\_\_\_ Date \_\_\_\_\_

Mentor's Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_ Identify state where vehicle is licensed \_\_\_\_\_

**To be completed by the TeamMates Coordinator:**

- Valid Driver's License
- Proof of Automobile Insurance
- Proof of Liability Insurance documenting coverage amount
- All Background Checks completed

**I have reviewed this form and approve of this out of school meeting.**

\_\_\_\_\_  
School Coordinator Date \_\_\_\_\_  
TeamMates Mentoring Program

School Coordinators must keep a copy of this form in the mentor file and send the original to the TeamMates Central Office: 6801 'O' Street Lincoln NE 68510 or fax 402-323-6255.

Date Received at Central Office \_\_\_\_\_ Initial \_\_\_\_\_

7/7/2006