

MONROE COUNTY MENTORS
CRIMINAL HISTORY CONSENT FORM

As a prospective employee or volunteer of Monroe County Mentors, I understand that it is this organization's policy to secure conviction criminal history information as part of their volunteer screening process using the information provided below.

Name: _____
 Last First Middle

Maiden name or names previously used:

Birthdates: _____ Race: _____ Sex: _____

Social Security Number: _____

Driver's License Number: _____

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED BY THE CENTRAL RECORDS DIVISION OF THE MICHIGAN STATE POLICE, LANSING, MICHIGAN. I FUTHER UNDERSTAND THAT A CONVICTION RECORD DOES NOT NECESSARILY PREVENT VOLUNTEERISM. I AUTHORIZE MONROE COUNTY MENTORS TO UTILIZE THE ABOVE INFORMATION FOR THE SOLE PURPOSE OF OBTAINING INFOMRATION REGARDING A CRIMINAL CONVICTION.

Signature of Prospective Employee/Volunteer Date