

**MONROE COUNTY MENTORING PROGRAM**  
*Creating Vision through Mentoring*  
**Information Release**

I, \_\_\_\_\_, understand it will be necessary for The Monroe County Mentoring Program to conduct background checks regarding my driving record, federal state and local criminal history, child abuse registry, sexual offender registry, personal references, and employment.

I authorize Monroe County Mentors to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the mentoring program. Further, I provide permission for Monroe County Mentors to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about me will be anonymously (without my name) shared with a prospective mentee(s) and his/her parent(s)/guardian(s) to aid in determining a suitable match. Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

\_\_\_\_\_  
 Signature Date

Full Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

Please list any other cities, states, and dates of residency during the past 10 years.

City	State	From (m/year)
To (m/year)		

City	State	From (m/year)
To (m/year)		

City	State	From (m/year)
To (m/year)		