

NEW INSIGHTS MENTORING PROGRAM

Creating Vision Through Mentoring

Information Release

I, _____, understand it will be necessary for New Insights Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize New Insights 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 a mentoring program. Further, I provide permission for New Insights to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself 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 _____

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)

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