Michigan Prisoner Reentry Initiative – MPRI
Operation Transformation
Mentor Application Form

Birth Date _____Driver License # _____

Name _____ Male_____ Female _____
Last First MI

Address _____

Home Phone # _____ Cell Phone # _____

E-mail Address _____

Church Name _____

Place of Employment _____

Occupation _____

Special Skills/Talents _____

Why do you want to be a mentor? _____

_____

REFERENCES: (Provide name, address, home phone # and relationship to you)

1. Pastoral Reference _____

_____

2. _____

_____

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand the need to secure a background check into my personal references and my person and criminal history to determine my fitness to serve as a Mentor for the MPRI. I waive my right to confidentiality and authorize the release to Operation Transformation any personal background information from any source, in its investigation of my criminal history.

_____ _____
Signature Date

_____
Printed Name of Signatory

Please fill out and return to: Operation Transformation, 1904 Poplar St., Port Huron, MI 48060