

Operation Transformation Mentoring Program Mentor Application Form



Full Name _____

Birth Date _____ Driver License # _____

Gender _____ Race _____ Cell Phone # _____

Address _____

E-mail Address _____

Church Name _____ Occupation _____

Why do you want to be a mentor? _____

REFERENCES: (Provide name and contact information)

1. _____

2. _____

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. 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. I fully understand and agree to assume all risks involved in any and all duties that I perform in a volunteer capacity on behalf of or in connection with Operation Transformation. I agree to hold Operation Transformation and its representatives harmless for any injury(s), loss or damages which I might sustain during the course of my volunteer duties. This waiver does include myself, all of my family members and descendants from seeking any legal action whatsoever against Operation Transformation or any representatives thereof.

Signature

Date

Printed Name of Signatory