**(For Office Use Only)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ID  | App | Code | Rec | CJ | SO BV | FiledContact |



PLEASE ATTACH COPY OF DRIVER’S LICENSE, STATE ID OR SCHOOL ID

**Common Grace**

MENTOR APPLICATION **Organization Name**:

This application is to be completed by all applicants for any position involving the supervision or custody of minors.

It is being used to help provide a safe and secure environment for those children who participate in our program.

All information provided will be kept in a confidential file in our office—Please print neatly!

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |       | Home Phone: |       |
| First Name: |       | Cell Phone: |       |
| Middle Initial: |       | [ ]  Male [ ]  Female | Business Phone: |       |
| Social Security Number: | *(Needed for Background Check)* | E-mail Address: |       |
| Birth Date: |       |
| Street Address: |  | City/State/Zip: |       |

**BACKGROUND CHECK**

|  |  |  |  |
| --- | --- | --- | --- |
| Driver’s License Number: |       | State: |       |
| Have you EVER been charged with domestic abuse or any crime involving abuseof a minor? | [ ] YES | *If YES, please describe:* |
| [ ] NO |
| Have you EVER been convicted of acriminal offense? | [ ] YES | *If YES, please describe:* |
| [ ] NO |
| Do you use illegal drugsor substances? | [ ] YES | *If YES, please explain:* |
| [ ] NO |

**PERSONAL REFERENCES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Phone | Relationship | Years Known |
| 1 |       |       |       |       |
| 2 |       |       |       |       |

**Applicant’s Statement**

The information contained in this application is correct and to the best of my knowledge. I authorize my pastor and any references listed on the application to give you any information that they may have regarding my character and fitness for working with children. I understand that *Common Grace* will verify information on this form utilizing the Hawaii State Criminal History Background Check computer program at the State Justice Data Center. I understand that *Common Grace* will verify the information on this form utilizing the National Sex Offender Registry. I release all references from liability for furnishing evaluations provided they do so in good faith and without malice. I waive my right to inspect references provided on my behalf.

 Applicant’s Name (Please Print/Type) Applicant’s Signature Date

 Date Trained:       Trainer: