**(For Office Use Only)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ID | App | Code | Rec | CJ | SO  BV | Filed  Contact |



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 abuse  of a minor? | YES | *If YES, please describe:* | | |
| NO |
| Have you EVER been convicted of a  criminal offense? | YES | *If YES, please describe:* | | |
| NO |
| Do you use illegal drugs  or 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: