

RI Mentoring Partnership

AUTHORIZATION, RELEASE AND WAIVER

LEGAL NAME _____
(FIRST) (MIDDLE INITIAL) (LAST)

MAIDEN NAME/ALIAS _____

ADDRESS _____

DATE OF BIRTH ____/____/____ SOCIAL SECURITY # _____ - _____ - _____ SEX _____
(optional)

I hereby AUTHORIZE the RI MENTORING PARTNERSHIP and/or any AFFILIATED MENTOR PROGRAM to communicate with any Law Enforcement Agency concerning any reports, records of convictions, or other information that such law enforcement agency may have concerning me. I also AUTHORIZE ANY LOCAL OR STATE BUREAU OF CRIMINAL IDENTIFICATION to furnish the RI Mentoring Partnership and/or an affiliated Mentor Program with any such information.

I hereby WAIVE and RELEASE the RI Mentoring Partnership, any affiliated Mentor Program, any State or Local Bureau of Criminal Identification, and any of their employees of all legal responsibility and liability which may arise from the furnishing of any criminal records or information.

DATE _____ SIGNATURE _____

PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE

If you are unable to have this form notarized, please call our office to make arrangements to come in and we will notarize it for you. (401) 732-7700

In the City/Town of _____, County of _____ and State of _____, on the _____ day of _____, 20__ , _____ personally came before me and signed the above Authorization, Release and Waiver for the purpose of becoming a mentor in the _____ Mentor Program and has agreed to follow all the rules and regulations of the aforementioned program.

Produced identification Type _____

Number _____

Notary Public Signature

Printed Name

My Commission Expires _____

For Police Department Use Only:

Please indicate below whether or not the above named individual is "Qualified" or "Not Qualified" to work with young children.