



## Correcting One's Destiny Mentor Application

Date:    /    /

**All information on this form is kept confidential** The information you provide is used to match you with your mentee. Please provide as much information as possible.

1. Name: \_\_\_\_\_

2. Address (mailing/physical): \_\_\_\_\_  
\_\_\_\_\_

3. Telephone #: \_\_\_\_\_ E-mail \_\_\_\_\_

4. Current Employer: \_\_\_\_\_

5. Work Number: \_\_\_\_\_ Can we contact you at work \_\_\_\_\_

6. Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

7. What experience have you had working with youth? \_\_\_\_\_  
\_\_\_\_\_

8. What recreational activities do you participate in?  
\_\_\_\_\_

9. What other interests/hobbies do you have?  
\_\_\_\_\_

10. Why are you interested in becoming a mentor? \_\_\_\_\_  
\_\_\_\_\_

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11. Why do you think you would be a good mentor? \_\_\_\_\_  
\_\_\_\_\_

12. I would like to work with a child aged \_\_\_\_, and preferably a M  or F .

13. What are the best day(s) of the week and time for you to meet with your mentee?  
\_\_\_\_\_

14. Person to be notified in case of an emergency: \_\_\_\_\_

Relationship to you \_\_\_\_\_

15. Certifications: (please circle)

CPR    First Aid    Life Guard

16. CONFIDENTIAL

Correcting One's Destiny requires the following information from all volunteers working with youth.

Thank you for your help providing the safest environment possible for youth.

A. Do you use illegal drugs? Yes/No

B. Are there any pending criminal charges against you? Yes/No

C. Have you ever been convicted of a felony offense? Yes/No

A conviction may not necessarily disqualify you. Give offense, date and jurisdiction  
\_\_\_\_\_

D. Have you ever been charged with child neglect or abuse? Yes/No

E. Other than the above, is there any fact or circumstance involving you or your background that could call into question your being entrusted with working with youth?

Yes/No

F. Please explain any "Yes" responses. Answering "Yes" may not necessarily disqualify you.  
\_\_\_\_\_

17. References: Please list 3 names and phone numbers of people who know you well and can attest to your character, skill and dependability. Please do not list a relative or an employee of Correcting One's Destiny as your reference.

1. Name: \_\_\_\_\_ Phone number \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone number \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ phone number \_\_\_\_\_  
How do you know this person? \_\_\_\_\_

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise to volunteer.

I certify that I have and will continue to provide information throughout the selection process that is true, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified, if necessary, by Correcting One's Destiny contacting any person or organization that may have information concerning me. I release and agree to hold harmless from liability any person or organization who provides information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position as a mentor or my termination as a volunteer.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to:**

Correcting One's Destiny (C.O.D.)  
P.O. Box 1162  
Mt. Clemens, MI 48046

Or email to: [info@correctingonesdestiny.org](mailto:info@correctingonesdestiny.org)

For questions about the application please call 1-586-746-8138

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Office use

Date Received \_\_\_\_\_

Referral Source \_\_\_\_\_

Mentor Coordinator Notes: \_\_\_\_\_

## **DISCLOSURE**

**DISCLOSURE--Must be a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure. Sample language is shown below:**

As part of our hiring background and investigation, we may obtain consumer reports or prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681---1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act.

## AUTHORIZATION TO RELEASE INFORMATION

|  |  |                     |
|--|--|---------------------|
| I, _____   | _____                                    | _____               |
| Last Name  | First Name                               | Middle Name         |
| Current Address  |  | Dates Lived Here    |
| _____  |  | _____               |
| _____  |  | _____               |
| Addresses for the Past Five Years: (include street, city, state, zip code) |  | Dates of Residence: |
| Date of Birth  | Other Names Used (including maiden name) | Years Used          |
| Social Security Number   | Driver's License #                       | State               |
| Email address (may be used for official correspondence)                    |  |                     |

do hereby authorize verification of all information in my employment application from all sources of employment, education, motor vehicle, financial history, criminal history, personal character, and worker's compensation records in accordance with ADA, labor and wage records, etc. or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for employment. I certify that I have made true, correct, and complete answers and statements on my employment application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for employment. I agree to provide additional information that may be requested to process my employment application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my employment to the extent permitted by law.

\*\*I hereby do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact *my current* employer for Employment and Reference Verifications

(This will authorize immediate inquiries to the Human Resources Department and to any listed supervisors or references in the Employment/Reference Section of your application.)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**9 CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Consumer Report, please check the box. This report may include character and reputation information obtained through personal interviews.

**9 MASSACHUSETTS APPLICANTS ONLY:** Under Massachusetts law, an employer is prohibited from making written, preemployment inquiries of an applicant about his or her criminal history. Massachusetts applicants should not respond to any of the questions seeking criminal record information.

**DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.**