

SCHOOL MENTORING AND CRIMINAL HISTORY INFORMATION

To ensure the safety of Post Falls School District students, we request that all mentors complete the following. A criminal background check with the Post Falls Police Department and federal law enforcement agencies may be made.

Name: _____ Alias/Maiden: _____
(Last) (First) (Middle)

Address: _____
(Street/PO Box) (City) (State) (Zip)

Phone: _____ Cell Phone: _____ E-Mail: _____

Date of Birth: _____ Driver's License Number: _____
month / day / year

Mentoring at: _____
(Name of school)

Mentoring responsibilities: _____

Have you ever been convicted of any crime? _____ If yes, when, where and disposition of offense?

Please list the names of two references:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone number: _____ Phone number: _____

I certify that the information herein is a true and complete statement of my personal record to date. I grant permission for the designated law enforcement agencies to investigate my background, including a criminal history computer check. I understand that any untruthful or misleading answers or deliberate omissions are cause for dismissal from the school volunteer program.

Signature

Date

Please return to:
Post Falls School District #273
Jerry Spreen, Mentoring Program Coordinator
PO Box 40, Post Falls ID 83877
(208) 773-1681 fax (208) 777-2572