



MENTOR/VOLUNTEER REGISTRATION

Please Print Clearly. <u>NOTE: Each Individual must complete and sign a separate form!</u> Please write or print legible.

NAME				
Organization/Affiliate (if any)				
Mailing Address				
City		_ State	_Zip Code_	
Phone	()	Fax ()	
Email Address				
County or Counties of Interest:				
For Background Check Purpose Only:		Date of Birth		(required)
		Gender		(required)
		Race		(optional)
		SSN:		
 How would you like for contact to be established? I would like for mentoring organizations in my area to contact me directly regarding their programs and my desire to be a mentor. 				
I prefer to utilize the list of available mentoring organizations in my area provided by MENTOR ALABAMA to initiate contact with the mentoring organizations myself. Snap to I understand MENTOR ALABAMA will conduct criminal background checks on prospective mentors. I consent to a criminal background check for these purposes. I also understand that background checks are conducted to fight crime through appropriate mentor/mentee contact.				

PLEASE RETURN THIS FORM TO:

PLEASE SIGN HERE: