



MENTORING PROGRAM APPLICATION
Indiana State Police Criminal History Information
Limited Criminal History



Name: Last First Middle Initial

Address: Street City State Zip

Phone number: Home Cell Work Sex: M F

Birthdate: Social Security #: (Optional, may be required for common names.)

Race: American Indian/Alaskan Asian Pacific Islander Black Multi-Racial White Hispanic Unknown

Email address: How did you hear about us?

Please list two references: 1) Phone (current or past employer counts as one)

2) Phone

Returning Mentor? Retired Present Employer: Position Phone

Address:

City/State/Zip:

Phone:

Please list interests, hobbies, etc.

School Preference? Preferred Day(s) M Tu W Th F

I would like to Mentor with the following student.

My student's name School Grade

WARNING PENALTY FOR MISUSE

Please check to approve criminal history check: A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. Indiana Code 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a CLASS A misdemeanor offense. Reason For No Fee Request: is a school corporation, Special Education Cooperative, or Non Public School (as defined in Indiana Code 20-18-2-12)

I affirm, under penalty of perjury, that the Limited Criminal History information requested will be used as specified.

Dr. C. Todd Cummings, Director of Human Resources
PRINT Name of Requester
Signature of Requester

Signature of Applicant: Date:

Mail this form or email: South Bend Education Foundation, Mentor Program P.O. Box 119 South Bend, IN 46624

Phone: 574.393.6116 Fax: 574.283.8120 Email: mentor@sb.school