



Leaders In Training Sports Mentoring Program * C/o the Urban Affairs Coalition * 6th Floor * 1207 Chestnut Street
 Philadelphia, PA 19107 * Phone: 267.377.3471 * Fax: 215.851.0514
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Mentor Information Release Form

I, _____, understand it will be necessary for the LITSports Mentoring Program to conduct a background check on my driving record, criminal history, personal references, and employment.

I authorize the LITSports program to obtain any needed information regarding my driving record, legal and criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the mentoring program. Further, I provide permission for the LITSports program to conduct the same investigation of my background in previous states in which I have resided.

Further, I understand that information about myself will be anonymously (without my name) shared with a prospective mentee(s) and his or her parent(s) or guardian(s) to aid in determining a suitable match. Once mentors-mentee matches are determined, my identity and any other information known about myself may be shared with the mentee and parent or guardian to ensure and aid in facilitating a safe and successful match relationship.

 Signature Date

 Name

Address _____ City _____ State _____ Zip _____

Date of Birth ____/____/____

Social Security Number ____/____/____

Current Driver's License No. _____ State: _____

Please list any other cities, states, and dates of residency during the past 10 years.

 City State From (mo/year) To (mo/year)

 City State From (mo/year) To (mo/year)

 City State From (mo/year) To (mo/year)

 City State From (mo/year) To (mo/year)