

Information Release Form

I, _____, understand it will be necessary for the Department of Gender Affairs to conduct a background check regarding my driving record, criminal history, personal references and employment.

I authorize the Department of Gender Affairs to obtain any needed information regarding my driving record, legal/criminal history, character references and employment from any agency, my employer and personal references for the purposes of participating in a mentoring programme. Further, I provide permission for the Department of Gender Affairs to conduct the same investigation of my background in previous locations 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/her parent(s)/guardian(s) to aid in determining a suitable match.

Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature: _____ Date: _____

Full Name: _____

Address: _____

Date of Birth: ____/____/____

Current Driver's License No.: _____ Exp: _____

Please list any other cities/countries and dates of residency during the past 10 years.

Location From (m/year) To (m/year)

Location From (m/year) To (m/year)

Location From (m/year) To (m/year)

Location From (m/year) To (m/year)