

To be completed by the mentoring organization:

Volunteer ID: _____

ID examined (append copy): _____

**VOLUNTEER APPLICATION FOR PROSPECTIVE MENTORS
PURSUANT TO THE PROTECT ACT**

Name and address of organization: Fox Creek High School Mentor
Program
1297 West Martintown Road
N. Augusta, SC 29841
(803) 613-9435

Name: _____
First Middle Maiden Last

Other names by which known: _____

Date of Birth: _____

Address: _____
Street Apt.

City State Zip Code

Please check the appropriate box and, if necessary, fill in the requested information:

I have a criminal record, and the following are the particulars (offense, date, location/jurisdiction, circumstance and outcome) of such record:

I do not have a criminal record.

By signing this form, I acknowledge that I have been provided with a copy of this volunteer form and notice. My signature constitutes an acknowledgment that a Federal Bureau of Investigations criminal history background check will be conducted. I have read and understood the foregoing and my certification is true and correct to the best of my knowledge and belief. I swear or affirm that the fingerprints submitted in support of this application are mine. I understand that MENTOR is not liable for the mentoring organization's screening decision, nor for the fitness determination made by NCMEC.

Date: _____ Signature: _____