



Partnership *for a*
Drug Free
DeKalb County



MENTOR/VOLUNTEER REGISTRATION

YES - I want to help MENTOR ALABAMA and find out more about mentoring a child!

Please print Clearly. NOTE: Each Individual must complete and sign a separate form!

NAME: _____

Organization/Affiliate (if any) _____ Mentor DeKalb _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Fax (_____) _____

E-mail Address _____

County or Counties of Interest : _____

For Background Check Purposes Only: Date of Birth _____ Gender ____ Race (optional) ____

Social Security Number : _____(optional)

How would you like for contact to be established?

- I would like for mentoring organization 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.

I understand MENTOR ALABAMA will conduct criminal background checks on prospective mentors for the Attorney General's Mentoring Initiative. 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 SIGN HERE: _____

PLEASE RETURN THIS FORM TO:

MENTOR ALABAMA

c/o Attorney General Bill Pryor

11South Union Street

Montgomery, Alabama 36130

FAX: (334) 242-7458

TOLL-FREE ALABAMA HOTLINE: 1-888-356-2400