

Project C.O.P.E. Mentor Application

Today's Date: _____

Name: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Employer: _____ Job Title: _____

Have you ever been convicted of a crime? _____ If "Yes," please explain: _____

Drivers License Number: _____ (attach photocopy of license)

Automobile Insurance company: _____ (attach photocopy of insurance)

Vehicle year, make, and model _____ Tag number _____
(attach photocopy of vehicle registration)

References

Please list the names, addresses, and phone numbers of three people you would like to use as character references (please list only people you have known for at least a year):

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Name: _____ **Address:** _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Relationship:** _____

Please read this carefully before signing:

We appreciate your interest in becoming a mentor to a child. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let us confirm all information listed and to conduct criminal records and motor vehicle records checks.

(signature)

(date)