



HOUSE OF HOPE

A faith-based, non-profit transitional living facility

www.houseofhopeks.com

To return this application to Avery Belibei at 785-207-7869/Elijah White 785-861-5868
Or email to houseofhopeks@gmail.com or mail to: House of Hope, 4110 NW 62nd St, Topeka, KS 66618

Mentor Application

Personal Information

First and Last Name: _____

Email address _____

Current address: _____

Phone number: _____ Date of Birth _____

Are you a Christian? Yes No What church Do you attend? _____

Are they willing to agree and follow our statement of faith? Yes No

Do we have your authorization to do a background check: Yes No

Work History & Education

Current Employer & Job position: _____

Highest level of education _____

What previous experience do you have with working with community members that are At-risk? Do you have any personal experience with drug or alcohol treatment/recovery, prison, etc?

I certify by signing this application that the information is true to the best of my knowledge and false information can result in the dismissal of my application.

Signature _____ **Date** _____

House of Hope, Inc.

4110 NW 62nd St, Topeka, KS 66618
785-207-7869/785-861-5868
houseofhopeks@gmail.com

RELEASE AND AUTHORIZATION

I am authorizing House of Hope to do a background check in consideration for acceptance into their program. I am aware a background screening report may contain information regarding my criminal history, driving history, and other information about me. It may bear upon my character, general reputation, personal characteristics, and/or mode of living. I knowingly, voluntarily, and unconditionally release any named or unnamed information provider from any and all liability resulting from furnishing this information. A photographed, faxed, or emailed copy of this form will be as valid as the original. By signing below, I agree to House of Hope obtaining a background check.

Signature _____ Date _____

Printed Name _____

PERSONAL INFORMATION NEEDED FOR BACKGROUND CHECK

Please supply the following information to facilitate a background check on you.

Full Name: First _____ Middle _____ Last _____

Other names(s) Maiden/married _____ Date of Birth _____

Social Security Number _____ Drivers License _____ State _____

Email Address _____ Telephone number _____

RESIDENCES (Starting with current and up to past 7 years)

Street Address	City/State/Zip	How Long?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____