



Mentor App. Steps:

- Complete online mentor application
- Complete Mentor Release of Information
- Copy of your Driver's License
- Email the Mentor Release of Information form & copy of your driver's license to:

inquire@transforminglifecentertlc.com

If you have any further questions please email or
call us at (254) 432-4290

Mentor Release of Information

I _____, understand it will be necessary for the Transforming Life Center mentoring program to conduct a background check on my driving record, criminal history, personal references, and employment.

I authorize the Transforming Life Center program to obtain any needed information regarding my driving record, legal and criminal history, character references, and employment from any state or federal agency, my employer, and personal references for the purposes of participating in the mentoring program. Further, I provide permission for the Transforming Life Center program to conduct the same investigation of my background in previous states 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 or her parent(s) or guardian(s) to aid in determining a suitable match. Once a mentor-mentee match is determined, my identity and any other information known about myself may be shared with the mentee and parent or guardian to ensure and aid in facilitating a safe and successful match relationship.

_____ Name		_____ Date of Birth	
_____ Address	_____ City	_____ State	_____ Zip
_____ Driver's License Number		_____ State	_____ Social Security Number

Please list any other residency during the past 10 years:

_____ City	_____ State	_____ From (mo/year)	_____ To (mo/year)
_____ City	_____ State	_____ From (mo/year)	_____ To (mo/year)
_____ City	_____ State	_____ From (mo/year)	_____ To (mo/year)
_____ City	_____ State	_____ From (mo/year)	_____ To (mo/year)

Signature

Date

