



PATHWAYS TO COLLEGE (PTC)

**Mentoring & Tutoring Program
Participation Form**

Mentor

Tutor

Last Name _____ First Name _____ Middle Name _____

Residence _____ City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____

Cell Phone Number _____ E-mail address _____

Company Name _____ Organization Name _____

Male Female

Mentoring:

Mentoring experience Yes No

If yes please explain:

Interest and Hobbies:

Age range you prefer to mentor:

4 – 6 7 – 9 10 -12 13 – 15 16 – 18

Tutoring:

Education Completed: High School
Undergraduate
Graduate School
Doctorate

Please list the subjects and grade levels you would be interested in tutoring:

Why do you want to be a mentor or tutor?

(Background check purposes only)

Date of Birth ____/____/____ Social Security Number ____/____/____

Maiden/Other Names: _____

Have you ever been convicted of a crime? Yes No

If yes please explain:

CONSENT FOR BACKGROUND CHECK

It is the policy of the Pathways to College Program (PTC) to conduct criminal background checks of all individuals seeking to serve as volunteers.

All information provided is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal as a volunteer.

I voluntarily and knowingly authorize any government agency, its officers, employees and agents to release any and all information regarding my criminal history to PTC, its officers, employees and agents.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such agency, its officers and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorneys fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

Signature _____ Date _____