



A program of Roanoke Valley
Interfaith Hospitality Network

FAMILY MENTORING PROGRAM

MENTOR PERMISSION TO PERFORM BACKGROUND CHECKS

I hereby give my permission to Roanoke Valley Interfaith Hospitality Network to conduct background checks in connection with my application to volunteer as a mentor in the Family Mentoring Program, including:

- criminal record**
- driving record**
- personal automobile insurance coverage**
- personal references**

and other persons or sources as appropriate for the Family Mentoring Program.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for the position of mentor.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for the Family Mentoring Program and that all such information collected during the check will be kept confidential. I also promise that all of the information I have provided on my application and in my interview (s) with the mentoring director is true and correct to the best of my knowledge. I understand that falsification of such information may exclude me from consideration for the Family Mentoring Program.

I hereby also extend my permission to those individuals or organizations contracted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer position, and such other information as they deem appropriate.

Name (Print) _____

Signature _____

Date _____