



COMMUNITY CONNECTIONS YOUTH MENTORING PROGRAM

Information Release

I, _____, understand it will be necessary for the Community Connections Youth Mentoring Program to conduct a background check regarding my driving record, criminal history, personal references, and employment.

I authorize Community Connections to obtain any needed information regarding my driving record, legal/criminal history, character references, and employment from any provincial or federal agency, my employer, and personal references for the purposes of participating in a mentoring program. Further, I provide permission for Community Connections to conduct the same investigation of my background in previous provinces 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/her parent(s)/guardian(s) to aid in determining a suitable match.

Once a mentor/mentee match is determined, my identity and any other information known about me may be shared with the mentee and parent/guardian to ensure and aid in facilitating a safe and successful match relationship.

Signature _____ Date _____

Full Name _____

Address _____ City _____ Province _____

Postal Code _____