**REENTRY MENTOR APPLICATION**

Please print clearly

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Cell

I belong to the following Community or Faith-Based Organization: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Organization Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_

Organization Leadership Contact Information:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever committed a felony? If so, please describe the felony, date of conviction and county and state of offense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on parole or probation now?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a former employee of the Department of Corrections? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number Gender \_\_\_\_\_\_\_\_\_\_\_ Race \_\_\_\_ \_\_\_\_\_\_\_

Driver’s License Number State Issued

Volunteer Print Name Date

Volunteer’s Signature Date

Reentry Mentor Coordinator Signature Date

Director of Division of Reentry Services Signature Date

**Authorization to Conduct Records Check**

*I authorize the Kentucky Department of Corrections and their agents to investigate my background as part of my application for employment, promotion or as a contractor or volunteer. This may include information contained in public records, which may include credit history, criminal files at the county, state and federal jurisdiction levels, and motor vehicle records. Moreover, I hereby release the State of Kentucky and the Kentucky Department of Corrections and any agent acting on its behalf from any liability of whatsoever nature of requesting information from any person.*

***Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_***

***Print Applicant’s Name***

*\*\* Please return completed application to*

*Mail:*

***Kentucky Department of Corrections***

***Division of Reentry Services***

*PO Box 2400*

*Frankfort, KY 40602-2400*

*OR*

*E-Mail:*

[***ReentryMentor@KY.gov***](mailto:ReentryMentor@KY.gov)

***\*\*\*Please contact the Division of Reentry Services with any questions 502-782-2347\*\*\****