

**FOSTER CARE SUPPORT FOUNDATION, INC.**

**Hope 4 Tomorrow Mentoring Program**

**Mentor Background Check Application**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE NAME: \_\_\_\_\_

SUFFIX: \_\_\_\_\_

DOB: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

COUNTRY OF CITIZENSHIP: \_\_\_\_\_

STATE ON DRIVER'S LICENSE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_