



**THE SLEDGE GROUP INC.  
Youth Mentoring Program**

Name \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street Apt #

City State Zip

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

E-Mail \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Work Telephone \_\_\_\_\_ Length on time on job \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Contact # \_\_\_\_\_

Job History: (Past 5 years)

1. Name of Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

2. Name of Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip





The Sledge Group, Inc.

**Authorization for Release of Information**

I, a prospective volunteer, understand that the information provided below will be used solely for the purpose of an inquiry of the New York State Department of Social Services Abuse and Maltreatment Register and The Department of Motor Vehicles to determine if I am the subject of an indicated child abuse of maltreatment report.  
This information will be used in reviewing my application to serve as a volunteer for The Sledge Group Inc. Mentoring Program.

Please complete the following:

Name \_\_\_\_\_

Known by other name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Do you drive? Yes \_\_\_\_\_ no \_\_\_\_\_ License # \_\_\_\_\_

Others in your household:

\_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Address:

\_\_\_\_\_ From / to /

\_\_\_\_\_ From / to /

\_\_\_\_\_ From / to /