



Time Out Youth
1900 The Plaza
Charlotte, NC 28205
Phone: 704-344-8335
Fax: 704-344-8186

GENERAL RELEASE AND ORDER FORM

In connection with my application for VOLUNTEERING (MENTORING) with you (TIME OUT YOUTH) I understand that an investigative inquiry on myself will be made concerning **criminal convictions, occupational and volunteer history**. Further, I understand that you will be requesting information from various **Federal, State, and other agencies** that maintain records concerning my past activities relating to my **criminal, civil, education, and other experiences**.

Signature: _____ Date: ____ / ____ / ____

*****PLEASE PRINT CLEARLY*****

Last Name _____ First Name _____ MName _____

OTHER Names Used _____

Social Security Number: _____ Date of Birth: ____ / ____ / ____

ADDRESS INFORMATION:

Current Address:

Street: _____ City/State/Zip: _____

Previous:

Street: _____ City/State/Zip: _____

Previous:

Street: _____ City/State/Zip: _____