

Rebecca's Garden Of Hope (RGOH) - c/o Our Savior Evangelical Lutheran Church

261 W. 25th Street - Indianapolis, IN 46208 - 317-925-3737

Tutor/Mentor Background Check Request

(Please write/print legibly)

Please return completed form to either Mr. Jim Boyd, Co-Director or Ms. Pamela Elliott, Co-Director only!

Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Social Security # _____ Race _____

This information must be included to conduct a national criminal and sex offender background check and will be held in strictest confidence.

Driver's License # _____ State of Issue _____

Expiration Date _____ Email _____

Background Screening:

Have you been convicted of any felony or misdemeanor? Yes _____ No _____

Do you currently have criminal charges pending against you? Yes _____ No _____

If the answer is YES to either or both questions, please explain:

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent tutor/mentor application forms, is grounds for dismissal from RGOH program and any necessary legal actions that stem from such misinformation will be pursued to the fullest extent of the law. All legal fees associated with any legal action against an applicant for misrepresentation of information will be paid by the applicant. I also agree to submit to a background check on behalf of RGOH tutoring program to insure I am legally able to work with children. Rebecca's Garden Of Hope (RGOH) reserves the right to terminate said relationship with the applicant at any time if any inappropriate actions are observed at any time. RGOH Tutoring Program will cover the cost of applicant's background check.

Signature of applicant Date

Printed Name Date