

Kids and Mentors Outdoors - Mentor Background Check

Last Name	First Name	M	iddle initial
Street			
City	State	Z	ip
Phone		Fax	
E-mail			
Date of Birth		Social Security	Number
Mentor Candidate Signature			 Date

By signing this form, I agree to allow my information to be used by KAMO for a third party background check. This form will be kept secure and confidential.