

UNITED STATES ATTORNEY'S OFFICE, EASTERN DISTRICT OF LOUISIANA
CRESCENT CITY KEEPERS
MENTORING PROGRAM
ORGANIZATION APPLICATION FORM

I. Organization Information

Organization Name and Leader: _____

Organization Address: _____
Street City State Zip Code

Contact Information: _____
Telephone Email Address

II. Mentor Information (Please list three members who will serve as the primary mentors.)

Notice to Volunteers Regarding Background Checks

In order to safeguard the youth in our program, the Crescent City Keepers Mentoring Program will obtain a background report on you in connection with your application to serve as a volunteer. The Crescent City Keepers Mentoring Program may obtain additional criminal background reports at any time during your service as a volunteer in order to evaluate your continued suitability for volunteer service. You will receive a separate application that we request you to fill out and return so that your background report may be obtained.

Mentor No. 1:

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip Code

Contact Information: Telephone: () _____ **Alternate Phone:** () _____

Work Telephone (): _____ **Email:** _____

Mentor No. 2:

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip Code

Contact Information: Telephone: () _____ **Alternate Phone:** () _____

Work Telephone (): _____ **Email:** _____

Mentor No. 3:

Name: _____
First Middle Last

Mailing Address: _____
Street City State Zip Code

Contact Information: Telephone: () _____ **Alternate Phone:** () _____

Work Telephone (): _____ **Email:** _____

III. Organization Signature

Signature of Organization Representative: _____

Date: _____