



MENTOR PROFILE

Met intern: _____ Met Advisor: _____ Start: _____

Mentor's Name: _____ Maiden Name: _____

Workplace: _____ Title: _____

Work Address: _____
Street City State Zip

Work Contact Info: () - _____ () - _____
Phone email fax

For our student's safety and well being, the school submits all Mentor Profiles to the authorities for background checks. The school must update these police checks regularly. Returning mentors must be processed once a year. If you do not want to supply your personal information to the school or if your employer has already conducted a background check, you may request your own police check and submit a copy that is no more than 1 year old. **Students do not begin an LTI until the police check has been cleared. Start dates can be targeted and the mentor will be notified as soon as the process is complete and the LTI can begin.**

The school respects the rights of all individuals. The information provided here, as well as all information obtained in the process of the police check, is considered confidential and will not be shared with anyone other than the processing and decision making agents at the school. A copy of the Police Check Procedures for Mentor Profiles is available upon request.

BCI DISCLAIMER

I _____ hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the **Metropolitan Regional Career and Technical Center (The Met)** any criminal record that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, and employees of the Attorney General's Office in both law and equity which I may now have or in the future may have.

Signature of Applicant Date Date of Birth Social Security Number

Signature of Advisor Date Signature of Second Witness Date

NOTE: Copy of photo identification with date of birth must accompany this disclaimer.