

**WEST VIRGINIA DIVISION OF CORRECTIONS**  
**THIRD BASE COACHING**  
**MENTOR APPLICATION**

NAME: \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

ADDRESS: \_\_\_\_\_  
(P.O. BOX/NUMBER AND STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP)

PHONE: \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

ARE YOU AT LEAST 21 YEARS OF AGE? YES / NO

EMPLOYER: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERENCES: (YOU MUST SUBMIT A LETTER OF RECOMMENDATION FROM THESE INDIVIDUALS)

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(P.O. BOX/NUMBER AND STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP)

PHONE: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(P.O. BOX/NUMBER AND STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP)

PHONE: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(P.O. BOX/NUMBER AND STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP)

PHONE: \_\_\_\_\_

**Attachment 1, page 2 of 4**

Have you ever been convicted of a crime other than a traffic ticket or parking ticket? YES/NO (If yes, please explain below, attach additional sheets as necessary)

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Do you personally know, or have knowledge of, any inmate incarcerated at any WVDOC facility? YES/NO (If yes, please explain below, attach additional sheets as necessary)

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Briefly describe why you desire to be a Mentor \_\_\_\_\_

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How many years have you been established in your faith? \_\_\_\_\_

What days and times can you meet with your mentee?

Days of week: \_\_\_\_\_

Times of day: \_\_\_\_\_

**A letter of endorsement from your congregation or organization must accompany this application**

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Our program appreciates your interest in becoming a Mentor. By signing below, you attest to the truthfulness of all information listed on this application. You agree to let our program confirm all information listed and to conduct a federal and state criminal records check.

I agree to participate in all required training.

I understand the program's rules, regulations, and responsibilities for becoming a Mentor. If selected, I will follow the rules of the program. I agree to the time commitment necessary for me to participate as a Mentor.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**WEST VIRGINIA DIVISION OF CORRECTIONS**  
**THIRD BASE COACHING**

**RELEASE OF INFORMATION**

I hereby authorize any representative of the West Virginia Division of Corrections bearing this release to obtain information from official files or other sources pertaining to my personal background, limited to, law enforcement, C.I.B. check, including local, state, and federal agencies records that they may have regarding me. I hereby direct such agencies to release such information upon request of the bearer. This release is for the official use of the West Virginia Division of Corrections. Consent is granted for the West Virginia Division of Corrections to furnish such information as is described above in the course of the West Virginia Division of Corrections fulfilling its official responsibilities with regard to my application to act as a Mentor upon the grounds of their facilities. I hereby release you, the institution or establishment which you represent, including its officers, employees and related personnel both individually and collectively, from any and all liability for damages, of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release, you may contact me as indicated below.

State of West Virginia

Full Name \_\_\_\_\_  
(LAST, FIRST, MIDDLE)

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(MM / DD / YY)

Sex \_\_\_\_\_ Race \_\_\_\_\_

Address \_\_\_\_\_  
(P.O. BOX / NUMBER AND STREET)

\_\_\_\_\_  
(CITY, STATE, ZIP)

County of Residence \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**WEST VIRGINIA DIVISION OF CORRECTIONS**  
**THIRD BASE COACHING**

**CERTIFICATE AND ACKNOWLEDGEMENT OF UNDERSTANDING**

I acknowledge and indicate, by my signature below, my understanding of all West Virginia Division of Corrections (WVDOC) policies and procedures pertaining to my role as a member of the Third Base Coaching Program, specifically, those policies and procedures relating to the security and confidentiality of information.

Furthermore, by signing this document I agree to abide by all WVDOC policies and procedures. I understand that failure to abide by these policies and procedures may jeopardize my ability to enter WVDOC facilities and participate in the Third Base Coaching Program.

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(Printed Name)

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(Signature)

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(Date)

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(Printed Name of Witness)

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(Signature of Witness)

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(Date)