



**Building Bridges Mentoring Program
Washington County Youth Bureau**

County Municipal Center
383 Broadway
Fort Edward, New York 12828
Program Coordinator: Tammy Jursza
(518) 746-2317

Michael J. Gray
Director

(518) 746-2330 or (518) 746-2333
Fax (518) 746-2331

Susan Mowrey
Assistant Director

AUTHORIZATION TO RELEASE INFORMATION

Regarding:

Name: _____
Current Address: _____
Social Security #: _____
Agency Contact Person: Program Coordinator-Tammy Jursza
Authorization Expiration Date: _____

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this **Authorization to Release Information** by the above-stated agency to release and disclose to such agency any and all information or records requested regarding me, including, but not necessarily limited to, my employment records, volunteer experience, military records, criminal information records (if any), and background. I have authorized this information to be released, either in writing or via telephone, in connection with my application to be a volunteer at the agency.

Any person, firm, organization, or corporation providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. Such information will be held in confidence in accordance with agency guidelines.

This authorization expires on the date stated above.

Signature of Prospective Volunteer

Date

Witness

Date



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MENTOR DRIVER AGREEMENT

I, _____, agree to transport, supervise and accept responsibility for the youth matched with me by the Washington County Mentoring Program.

I certify the following:

- 1) I have a valid driver's license.
- 2) I have liability coverage as required by New York State.
- 3) The vehicle I will be driving is in good operating condition.
- 4) The vehicle I will be driving is equipped with seat belts for each passenger.
- 5) All seat belts will be secured when transporting the youth.
- 6) I will NOT exceed either the vehicle's maximum seating capacity or the legal speed limits.

Attached is a copy of my current driver's license and vehicle insurance card.

Signature

Date

Print Name

License Number: _____

Expiration Date: _____

Automobile Description:

Make: _____

Model: _____

Year: _____ Color: _____

<http://www.co.washington.ny.us>