



# MBK Mentor Application

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First Last M.I.

Previous Names (If Applicable): \_\_\_\_\_  
First Last M.I.

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ U.S. Citizen? \_\_\_\_\_  
\_\_\_\_\_  M  F  Y  N

Address: \_\_\_\_\_  
Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Mailing Address: \_\_\_\_\_  
Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Home Phone: \_\_\_\_\_ Listed  Unlisted

Work Phone: \_\_\_\_\_ May we call?  Y  N

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

## Education and Training

Highest grade

completed:  1  2  3  4  5  6  7  8  9  10  11  12

Currently attending college?

AA/AS

BS/BA

MS/MA

PhD

List any professional, technical, or occupational skills you possess such as computer, clerical, etc.

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Are you bilingual?

Yes

No

If yes, what is your second language? \_\_\_\_\_

## Background History

Do you possess a **VALID\*** Florida driver's license?

Yes  No

\_\_\_\_\_  
*FL License Number*

Has your driver's license been denied, revoked, or suspended within the past 3 years? If yes, please explain.

Yes  No

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List all traffic citations and accidents for the past three years.

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Is your driver's license currently suspended, revoked, or expired? If yes, please explain.

Yes  No

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Have you ever been arrested?

Yes  No

**If yes, what was the charge, the final disposition of the charge(s)? Please include arresting agency date of arrest and disposition.**

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Do you have the legal right to work in the United States? If no, please explain.

Yes  No

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**\* Valid: an issued license that has not been denied, revoked, or suspended within the past 3 years.**

## Employment History

Please list all employment experience, including temporary and part time, within the past 10 years. Account for all periods, including unemployment and service in the Armed Forces. If more than one position was held with the same employer, list the information in the next block(s). If you were employed under a different name, please enter name, please enter name in the right hand margin.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

## Volunteer Experience

Please list any volunteer experience that you have had. If you volunteered under a different name, please enter the name in the right hand margin.

Organization: \_\_\_\_\_ Volunteered From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Organization: \_\_\_\_\_ Volunteered From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Organization: \_\_\_\_\_ Volunteered From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

**References**

*Please list three references not related to you.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ATTENTION:**

**READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THE CERTIFICATION**

The City of Sanford and Sanford Police Department are authorized to verify any of the information contained herein. A false answer to any question in this application may be grounds for terminating your volunteer services. All statements are subject to investigation, including a check of your training, experience, and criminal history. In addition, you will be asked to be photographed and fingerprinted. All of the information will be considered in reviewing your application. Also, your application may be subject to public inspection in accordance with the Florida Public Records Law, Chapter 119, Florida Statutes.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I also certify that I have read the statements above. If accepted for volunteer service/security access, I agree to abide by and comply with all rules, regulations, policies and procedures of the City of Sanford and the Sanford Police Department. I understand that this is an unpaid volunteer position, which does not provide me any employment rights or benefits. I understand and agree that I am free to terminate my services at any time. I further understand and agree that the City of Sanford and the Sanford Police Department has the right to remove me from the program at any time and for any reason.

Nothing contained in this Application is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The volunteer shall at all times remain a "volunteer" with respect to the services to be performed under this placement. The City shall be exempt from payment of all Unemployed Compensation, FICA, retirement, life and/or medical insurance and Workers' Compensation Insurance, as the Mentor is a volunteer.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_