



<b>Date of Application</b> ____/____/____ <i>Month / day / year</i>	<b>Name of Applicant</b> _____ <i>First Name</i>			_____ <i>Last Name</i>	_____ <i>Middle Name</i>
<b>Previous Names</b> <i>(if Applicable)</i> _____					
<b>Date of Birth</b> ____/____/____ <i>Month / day / year</i>	<b>Height</b> _____	<b>Weight</b> _____	<b>Eye Color</b> _____	<b>Hair Color</b> _____	
<b>Social Security Number</b> ____-____-____	<b>Race</b> _____	<b>Sex</b> _____	<b>US Citizen</b> Yes    No <i>Circle one</i>		

<b>Street Address</b> _____			_____ <i>Apt. Number</i>
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>	

<b>Mailing Address</b> _____			_____ <i>Apt. Number</i>
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>	

<b>Home Phone</b> _____	<b>Listed</b> _____	<b>Unlisted</b> _____
<b>Work Phone</b> _____	<b>May we call?</b> _____	
<b>Cell Phone</b> _____	<b>Email</b> _____	

<b>Emergency Contact</b> _____	<b>Phone Number</b> _____	
<b>Street Address</b> _____		_____ <i>Apt. Number</i>
_____ <i>City</i>	_____ <i>State</i>	_____ <i>Zip</i>





***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.

Recent Employer _____	Dates Employed	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Employer's Phone Number _____			
May we contact this employer?		Yes	No
Previous Employer _____	Dates Employed	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Employer's Phone Number _____			
May we contact this employer?		Yes	No
Previous Employer _____	Dates Employed	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Employer's Phone Number _____			
May we contact this employer?		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 _____	Volunteer Dates	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Organization's Phone Number _____			
May we contact this organization?		Yes	No
Organization _____	Volunteer Dates	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Organization's Phone Number _____			
May we contact this organization?		Yes	No
Organization _____	Volunteer Dates	From _____	To _____
Address _____			
Supervisor's Name _____	Job Title _____		
Duties _____			
Organization's Phone Number _____			
May we contact this organization?		Yes	No



*References (List three references not related to you)*

Name _____
Address _____
Phone Number _____ Email Address _____
Name _____
Address _____
Phone Number _____ Email Address _____
Name _____
Address _____
Phone Number _____ Email Address _____

**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.



CITY OF  
**SANFORD**  
FLORIDA

**City of Sanford  
MBK Mentor Application**

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

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