

THE SCHOOL DISTRICT OF ESCAMBIA COUNTY  
Community Involvement  
30 East Texar Drive, Pensacola, Florida 32503  
Phone: (850) 469-5676 or (850)469-5675  
FAX: (850) 469-5335

**MENTOR  
APPLICATION  
2024-2025 School Year**

**For office use only:**

Fingerprint Date \_\_\_\_\_

Screening Date \_\_\_\_\_

Badge Issue Date \_\_\_\_\_

**Instructions:** Please complete this form so that we may have sufficient information on your experiences and background to provide the best match possible. Thank You.

Name (Please Print)	Military Rank/Title	Mentor Training Date
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Mailing Address	City/State/Zip
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Place of Employment	Occupation
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Primary Phone: Work      Home      Cell	Alternate Phone: Work      Home      Cell
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Age: Under 21      21-61      Over 61	Date of Birth	Email Address - REQUIRED
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Personal Reference \_\_\_\_\_ Phone \_\_\_\_\_

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

Community Organizations (if any) \_\_\_\_\_

Education/Training \_\_\_\_\_

Interest, hobbies, sports, etc. \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Have you been a mentor before? YES      NO

How did you hear about the Mentor Program? \_\_\_\_\_

Why do you wish to be involved? \_\_\_\_\_

Specific school preferred? \_\_\_\_\_ Specific student preferred? \_\_\_\_\_

Grade level preferred: Elementary      Middle      High

What days are best for you? Monday      Tuesday      Wednesday      Thursday      Friday

What time of day is best for you? \_\_\_\_\_

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_

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**MENTOR AFFIDAVIT OF GOOD MORAL  
CHARACTER AND PERMISSION FOR CRIMINAL  
BACKGROUND CHECK FOR THE  
2024- 2025 SCHOOL YEAR**

Full Legal Name: (print) \_\_\_\_\_  
Last Name First Name Middle Name

Maiden Name/Alias/AKA: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: M F Race: \_\_\_\_\_

Have you ever been found guilty, or entered a plea of nolo contendere (no contest) to any crime other than a minor traffic violation? (DUI is not considered a minor traffic violation and must be listed.) An answer is required regardless of whether adjudication was withheld or the charges were reduced by the court, and regardless of whether or not those records have been sealed or expunged. If you check the YES box, you must give complete information for each charge below:

PLEASE CHECK ONE: YES NO

City Where Arrested	State	Date Arrested	Charges	Disposition(s)

By my signature, I certify that the above information is true and complete. I understand that I must be fingerprinted prior to my initial placement as a mentor and give permission for a criminal background check to be done each year of continued participation. I understand that the fingerprinting will be done, at no cost to me, through the Escambia County School District.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**  
Date Fingerprinted: \_\_\_\_\_  
Date Sexual Predator/Offender Screening Completed: \_\_\_\_\_  
Site used: Dru Sjodin FDLE  
Screening Verified By: (Print Name) \_\_\_\_\_  
(Signature) \_\_\_\_\_