

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  
2025-2026 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
Mailing Address				City/State/Zip	
Place of Employment			Occupation		
Primary Phone: Work Home Cell			Alternate Phone: Work Home Cell		
Age: Under 21 21-61 Over 61		Date of Birth		Email Address - REQUIRED	
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  
2025- 2026 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) \_\_\_\_\_