



VOLUNTEER SERVICES • CITY OF CORAL SPRINGS, FLORIDA

Office at 10000 NW 29th Street in Mullins Park

Mail to: 9551 W. Sample Road • Coral Springs, FL 33065

Phone 954-346-4430 • Fax 954-346-4433 • CoralSprings.org/volunteer

## Leadership Mentoring Program Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip Code

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact Person and Phone: \_\_\_\_\_

Have you ever been convicted of a crime, offense or infraction? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Last report card: subjects and grade received:

\_\_\_\_\_  
\_\_\_\_\_

List any volunteer and work experience: \_\_\_\_\_

\_\_\_\_\_

List two personal references: (name and phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

Circle the session you would like to attend:

Session 1: July 16-20, 2012

Session 2: August 6-10, 2012

Time: 9:00 a.m. – 1:00 p.m. (unless otherwise noted)

Location: Meet at Coral Springs Police Department, 2801 Coral Springs Drive (meet in Lobby)

Personal Statement:

Please write a short statement describing the following:

- Your community involvement
- Personal and professional goals
- Reason you want to participate in this program

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**Program Participant Contract**

I, \_\_\_\_\_ agree to attend and participate in the Coral Springs Police Department's Leadership Mentoring Program with the following conditions:

**At the Community Mentoring Site and Mentoring Program:**

1. Attend and participate in every session
2. Be on time for all activities
3. Be respectful of other participants in the program
4. Follow school dress code
5. Follow the rules established and given by work site/coordinator
6. Notify the coordinator if you are unable to attend or continue in the program
7. Participant will make arrangements to be at the student drop off point
8. Students can earn extra credit hours by completing extra projects by assigned date

Applicant's Statement:

I hereby certify that all the statements made in this application are true and complete.

Signature of Applicant: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Please mail, e-mail or fax completed application to:  
Kim Sanecki, Volunteer Services Coordinator  
City of Coral Springs  
9551 West Sample Road, Coral Springs, FL 33065  
Fax: 954-346-4433 E-mail: [kms@coralsprings.org](mailto:kms@coralsprings.org)