

**Leadership Mentoring Program  
Application  
2019**

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

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

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

Email Address: (please print clearly) \_\_\_\_\_

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. \_\_\_\_\_

**Program Date: June 10-14, 2019**

Time: 9:00 a.m. – 12:00 p.m. (unless otherwise noted)

Location: Meet at City of Coral Springs Municipal Complex, 9500 West Sample Road (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 City of Coral Springs 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  
9500 West Sample Road, Coral Springs, FL 33065  
Fax: 954-346-4433 E-mail: [ksanecki@coralsprings.org](mailto:ksanecki@coralsprings.org)