

Ocala Police Department

Ocala Public Safety Mentoring Application



Applicant Name _____

Date Received at OPD _____

Ocala Police Department
402 S. Pine Ave, Ocala, FL 34471

Thank you for applying to the Ocala Public Safety Mentoring Program with the Ocala Police Department. Please follow the instructions in this letter so we may insure consideration of your application.

The mission of the Ocala Public Safety Mentoring Program is to inspire and build the knowledge of young people in public safety. We want to provide an experience for the participant involving hands on activities and interaction with public safety professionals. During these formative years, participants are working on what they may want as a career. We want to explore the benefits of public safety demonstrating the values and hard work it takes to pursue a career in this profession.

Please ensure the application is complete and does not contain any omissions.

Any areas of the application which do not apply to you, please mark as N/A. Also, where it asks for addresses, please be sure to put complete and current street addresses, no post office boxes, include zip codes and telephone numbers with the area codes.

Applications that are not complete may not be considered.

****For any questions, please contact Major Steven Cuppy at 352-427-3298****

I understand that participation in the mentoring program with the Ocala Police Department will be contingent upon the results of a background investigation. I am aware that any omission, falsification, misstatement, or misrepresentation can be the basis for my disqualification as a participant in the Ocala Police Department mentoring program. I agree to these conditions and certify that all statements made by me on this application are true, correct, and complete to the best of my knowledge.

I understand that the use of drugs or alcohol or being under the influence of drugs or alcohol during the hours of the mentoring program is not permitted.

I understand that I am not to carry any type of firearm or weapon during the hours of the mentoring program.

I understand consistent participation in the Ocala Police Department mentoring program is expected and failure to consistently make scheduled sessions could result in me being asked to leave the program.

I understand I will follow the direction of mentoring program leadership and failure to follow requested directions could result in my elimination from the program.

I agree to abide by the rules, regulations and orders of the Ocala Police Department and acknowledge that these rules, regulations, and orders may be changed, interpreted, withdrawn, or added to by the Ocala Police Department, at its discretion, at any time without prior notice to me.

Signed: _____

Date: _____

Mentor Application

Name: _____

Street Address: _____

Home Phone
#: _____

Cell Phone #: _____

Date of
Birth: _____

Sex: ____

Race: _____

School: _____

School Year: Graduate/Senior/Junior/Sophomore/Freshman

Email Address: _____

Emergency Contact Name: _____ Phone Number: _____

List all other names you have used, including nicknames and maiden names. If you have ever used any surname other than your true name, during what period and under what circumstances were these names used?

Are you currently employed? YES / NO

Name of Employer: _____

1. Have you ever been arrested and/or convicted for any criminal violation? YES / NO
2. Has your driver's license been suspended within the past year? YES / NO

Participant signature: _____

Parental signature (if participant is under 18): _____

Parental name (print): _____



OCALA POLICE DEPARTMENT

MENTORSHIP PROGRAM RELEASE AND HOLD HARMLESS AGREEMENT

The undersigned ("Releasor") for and in consideration of the opportunity to participate in the Ocala Police Department Mentorship Program and with the intent of binding myself, my spouse, my heirs, legal representatives, and assigns, do hereby freely execute this release and do hereby completely and fully release and hold harmless the City of Ocala, a Florida municipal corporation, its employees, agents, officers and elected public officials ("Releasee") of and from any obligation, liability, or responsibility arising out of the claim and/or action Releasor may have experienced or claim as a result of participation in the Ocala Police Department Mentorship Program.

Releasor hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of Releasee or otherwise during the Ocala Police Department Mentorship Program.

Releasor further warrants and states that:

1. Releasor is medically and physically fit to participate in the Ocala Police Department Mentorship Program.
2. Releasor will adhere to all safety regulations (as explained prior to each session) and rules applicable to the Ocala Police Department mentorship program.
3. Releasor, if he/she believes anything is unsafe, he/she will immediately advise the Releasee of such conditions and refuse to participate.

The Undersigned expressly agrees that the foregoing Release and Hold Harmless Agreement is intended to be as broad and inclusive as is permitted by the State of Florida and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Executed this ___ day of _____ 2024.

Signature (Releasor)

Signature (Witness)

Print Name (Releasor)

Print Name (Witness)

I, the parent, guardian or legal custodian of the above-named minor do hereby consent to the above Release and Hold Harmless Agreement and agree to all terms stated above.

Parent/Guardian

Date