

MENTEE APPLICATION

325 Old County Road, Rockland, ME 04841 Phone: 594-5095

NAME OF APPLICANT:				
NAME OF PARENT(S):				
MAILING ADDRESS:				
HOME TELEPHONE:	PARENT'S WORK PH	ONE:EN	MAIL ADDRESS:	
GRADE:	GENDER:	D.O.B.:		
GUADIANCE COUNSELOR:	:	SCHOOL: _		
OTHER PERSON TO BE CO				
What is the best time for you a	nd your mentor to meet?			
After school	☐ Evenings	Weekends		
Please list what days of the we	ek and specific times:			
Your answers to the folk shares your interests. The share that will help us fi	ne last question will allo	ow you to tell us a	nything else you wish to	
1.) Please tell us why you would like to have a Trekkers Mentor?				
2.) Please put a check mark	in the category that best des	cribes you:		

adventuresome

3.) How much do you enjoy reading? a little fair amount avid reader				
4.) Favorite reading materials (books, magazines, newspapers, etc.):				
5.) Do you enjoy sports? as a participant indoor team				
as an observer outdoor individual				
6.) What are your favorite sports?				
7.) Do you have hobbies?				
Explain:				
8.) What kind of music do you like?				
Not like?				
9.) Do you play a musical instrument?				
10.) Do you enjoy board games (chess, checkers, etc.)?				
11.) What kind of movies do you like?				
Not like?				
12.) How do you feel about camping, hiking, fishing, hunting, etc.?				
13.) Do you have any pets? If so, what kind?				
14.) How do you like to spend free time?				
15.) Name three things that you are really good at:				
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>				
>				
16.) If you had three wishes what would they be?				
>				
>				
17.) Is there anything else that we should know about you?				

TREKKERS

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PERMISSION TO PARTICIPATE IN TREKKERS' MENTORING PROGRAM

I,	give my daughter/son,
(Parent/Guardian)	, ,
	_, permission to participate in the
(Child's Name)	
Trekkers One to One Program. I authorize	to
	(Child's School)
share any information regarding my daughter/son to Tre	ekkers, Inc. for the purpose of
determining a suitable mentor in the Trekkers One to Or information given will remain strictly confidential. This year after the date indicated below.	•
Signature of Parent/Guardian	Date