

TREKKERS

41 Buttermilk Drive, Thomaston, Me 04861
207-594-5095

BIG TREK / LITTLE TREK PEER MENTOR APPLICATION PACKET

YOUR NAME: _____ DATE: _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

HOME TELEPHONE: _____ E-MAIL: _____

CELL NUMBER: _____ GRADE: _____

FOOD ALLERGIES (if any): _____

The best way to contact you is:

- Facebook
- Email
- Cell phone
- Home telephone
- Other

Please list: _____

PART I

Why are you interested in becoming a peer mentor for a younger student?

What previous experiences have you had working with young people?

**This application is due _____
Please return it to the Oceanside Main Office.**

PART II

1.) Please put a checkmark next to the categories that best describe you:

- | | |
|--|---|
| <input type="checkbox"/> indoor person | <input type="checkbox"/> like animals |
| <input type="checkbox"/> outdoor person | <input type="checkbox"/> enjoy sports |
| <input type="checkbox"/> have a lot of energy | <input type="checkbox"/> enjoy crafts |
| <input type="checkbox"/> prefer low-key activities | <input type="checkbox"/> play a musical instrument |
| <input type="checkbox"/> artistic | <input type="checkbox"/> member of clubs/activities |
| <input type="checkbox"/> adventuresome | <input type="checkbox"/> other: _____ |

2.) How much do you enjoy reading? a little a fair amount a ton

3.) Favorite thing to read (books, magazines, newspapers, etc.): _____

4.) What are your favorite sports? _____

5.) Do you have hobbies? crafts art music other

Explain: _____

6.) What kind of music do you like? _____

Not like? _____

7.) Do you play a musical instrument? _____

8.) Do you enjoy board games (chess, checkers, etc.)? _____

9.) What kind of movies do you like? _____

Not like? _____

10.) How do you feel about camping, hiking, fishing, hunting, etc.? _____

11.) Do you have any pets? If so, what kind? _____

12.) How do you like to spend free time? _____

13.) Name three things that you are really good at:

A. _____

B. _____

C. _____

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14.) If you had three wishes what would they be?

- A. _____
- B. _____
- C. _____

15.) What else should we know about you?

PART III

Please list two people as personal references.

Name	Phone
1.	
2.	

PART IV

1) Where would you prefer to be a mentor?

- Lura Libby (Tuesday)
- St. George (Wednesday)
- Both St. George and Lura Libby (both Tuesday and Wednesday)
- No Preference

(OVER)

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PEER MENTOR PARENTAL CONSENT

Trekkers Photo Release Policy: We hereby allow Trekkers to use photographs or images of me/my child for appropriate promotional materials (please check one box):

- Yes
- No

I, _____, give permission for my son/daughter, _____, to volunteer in the Big Trek/Little Trek Peer Mentoring Program. I understand that my child will be meeting with an elementary school student for one hour each week at the elementary school and that the commitment will extend through late March. I also understand that my child is **not** required by Trekkers to have contact with the student he or she is mentoring outside of the program. Trekkers and school staff will provide training and supervision for all students who participate.

Parent/Guardian Signature

Date

**Please return this application to
the Oceanside Main Office
by _____**

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