

MENTEE APPLICATION

58 Park Street Suite 202, Rockland, ME 04841 Phone: 594-5095

NAME OF APPLICANT:		
NAME OF PARENT(S):		
MAILING ADDRESS:		
HOME TELEPHONE:	PARENT'S WORK F	PHONE:EMAIL ADDRESS:
GRADE:	GENDER:	D.O.B.:
GUADIANCE COUNSELO	R:	SCHOOL:
OTHER PERSON TO BE CO		EMERGENCY: ND PHONE #:
What is the best time for you		
☐ After school	☐ Evenings	Weekends
Please list what days of the w	reek and specific times:	
share that will help us 1.) Please tell us why you w	•	·
2.) Please put a check mark	in the category that best d	escribes you:
indoor person outdoor person active person content to do low key mechanically inclined scientifically inclined artistic adventuresome	d	willing to try something new interested in learning new skills one who enjoys sports one who enjoys crafts member of clubs/activities other:

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

58 Park Street Suite 202, Rockland, ME 04841

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/sor	to Trekkers, Inc. for the purpose of
determining a suitable mentor in the Trekkers On	e to One Program. I understand that any
information given will remain strictly confidentia	l. This authorization remains in effect for one
year after the date indicated below.	
Signature of Parent/Guardian	Date