

Please check all of the topics you would be interested in having an adult mentor you in:

- Forestry
- Health/Nutrition
- Leadership
- Civic Engagement
- School Success
- Life Skills
- Other (please specify): _____

Is there anything else you'd like to share?

Reference Check:

Please list one non-family member we can contact who has knowledge of your skills, abilities and experiences. You should let that person know that they may be contacted as a reference.

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Background Check:

Once your reference check is complete, you will be asked to complete a Fingerprint Background Check. Our Mentoring Program Coordinator will follow up with you on the steps necessary to complete this requirement.

Signature of Teen Mentor Applicant

Date

This application is due to phoebe.jud@wsu.edu by Monday, November 23rd, 2020. A digital version is available at <http://extension.wsu.edu/skamanian/4-h-mentoring/>

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