



## Poss- ABILITIES Program Mentor Application

\*Applications are due to the extension office by April 15, 2024.

Name: \_\_\_\_\_

Parent/ Guardian name(s): \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Address where animals are housed (if different than above) \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Preferred method of contact: Mail Email (circle one) Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Year in 4-H: \_\_\_\_\_

T-shirt size: \_\_\_\_\_ Extra TShirts: \_\_\_\_\_ Club: \_\_\_\_\_

What project are you interested in representing? \_\_\_\_\_

How many years have you been in the project? \_\_\_\_\_

Why are you interested in being a mentor for the Poss-ABILITIES Program?

\_\_\_\_\_

What other activities are you involved in or do you enjoy doing?

\_\_\_\_\_

What other 4-H projects do you take?

\_\_\_\_\_

Do you have any previous experience working with individuals with special needs? (None required)

\_\_\_\_\_

