



Poss- ABILITIES Program Mentor Application

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

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)

