

Poss- ABILITIES Program Participant Application

* Mentors will be assigned on a first-come, first served basis. Applicants can apply at any time to join the program and participate in workshops and meetings. Applications due by April 15.

vame:			
arent/ Guard	dian name(s):		
ddress/City/	State/Zip:		
hone: ()	E-m	ail:	
		nail email (circle one)	
vge:	Grade:	School:	
-shirt size:	Youth Adult	(circle one) Extra Shir	rts
2. Please r	rank the animals y y you are uncomfo	ou are interested in w	yorking with (1 being your first choice); cross fort will be made to arrange one of your top
choice	S.		
Beef (1	1000+ lbs)		Beef Feeder Steer (200-800 lbs)
Dairy F	eeder Steer (200 -	– 800 lbs)	Sheep (less than 150 lbs)
Poultry	y (duck or chicken)		Swine (200-300 lbs)
Goat (less than 100 lbs)		Dairy Heifer
Rabbit	Llama/ Alpaca		
3. What is	your child's gener	ral feeling in regards t	o animals?
_	o vour child's stro		
4. What ar	re your child's stre	ngths?	

5. What are your child's obstacles?	
6. How would you like to see your child benefit from this program?	
7. What programs/ therapeutic services is your child enrolled in?	
8. What goals does your child have?	
9. Are there any specific accommodations that will be necessary that a mentor family sho be aware of?	uld
10. What other 4-H opportunities are you interested in learning about? (General projects	such
as photography, Legos, crafts, foods, scrapbooking, and creative writing, camps, workshop)S,
etc.)	
v signing this enrollment form, you understand that your mentor family is not responsible for acidents; youth participants are covered by Purdue University insurance when participating with an official reporting form a provided to all mentors and participants. You also grant permission for participants to be notographed and photos to be used in press release/ promotional material. If selected to articipate, an official 4-H Enrollment application must be completed.	

Parent/Guardian Signature: ______ Date: _____