

PATUXENT RIVERKEEPER ADULT MENTOR INTAKE APPLICATION

1. Name: _____

2. Address:

3. Contact phone number: _____

4. Email address: _____

5. Please list any physical restrictions that apply?

6. Work Status:

Employed Part time Retired Other

7. Your age range?

18-25 25-35 35-50 50+

8. Skills you would like to share:

9. Times/days when you are available:

10. Lunchtime/Dietary preferences:

Ominivore

Vegetarian

Other

(I eat everything)

(don't eat meat)

(please specify)

I understand and agree that if I become a camp mentor, I may be subject to a simple background check to assure the safety of the young people under our care.

Digital

signature _____ Date: _____