

TCS Mentor Application

1. Would you be interested in carrying on a tradition and becoming a volunteer youth mentor?
 Yes No

2. Would you be interested in supporting this program in other ways, i.e. land access to youth, equipment or facility use, helping prepare food at an event, etc? Yes No

If yes, please explain: _____

3. What activities do you feel you are qualified to mentor? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> shooting sports (range, maintenance, etc.) | <input type="checkbox"/> fishing |
| <input type="checkbox"/> archery (recurve, compound, fletching) | <input type="checkbox"/> trapping |
| <input type="checkbox"/> black powder | <input type="checkbox"/> dog training (bear, bobcat, etc.) |
| <input type="checkbox"/> deer hunting (rifle) | <input type="checkbox"/> dog training (game birds) |
| <input type="checkbox"/> deer hunting (archery) | <input type="checkbox"/> waterfowl hunting |
| <input type="checkbox"/> turkey hunting | <input type="checkbox"/> grouse/woodcock hunting |
| <input type="checkbox"/> bear hunting | <input type="checkbox"/> game calling |
| | |
| <input type="checkbox"/> canoeing/kayaking | <input type="checkbox"/> snowshoeing |
| <input type="checkbox"/> ATV | <input type="checkbox"/> cross country skiing |
| <input type="checkbox"/> snowmobiling | <input type="checkbox"/> hiking |
| <input type="checkbox"/> chainsaw safety/skills | <input type="checkbox"/> mountain biking |
| <input type="checkbox"/> camping | |
| | |
| <input type="checkbox"/> wildlife/birdwatching | <input type="checkbox"/> fly tying |
| <input type="checkbox"/> wilderness survival/first aid | <input type="checkbox"/> orienteering/map reading |
| <input type="checkbox"/> nature photography | <input type="checkbox"/> taxidermy |
| <input type="checkbox"/> plant identification | <input type="checkbox"/> falconry |

Continued on reverse .

4. Please use the space below to list other activities that you would be interested in sharing with youth or activities in which you feel the mentor program should be involved.

other _____

other _____

other _____

Name _____

Address _____

Phone(s) _____

Driver's License # _____ Date of Birth @ _____

6. By signing this form, you agree to comply to the program standards set by the TCS Youth Mentor Committee. This may include, but is not limited to: an interview, background check, and/or equipment inspection. TCS reserves the right to screen mentors to ensure the quality and integrity of the program.

Signature _____ Date _____

Thank you for your time. You will be contacted in the near future about your mentor status. If you would like more information, email tcscmedford@gmail.com.

Please mail this form to:
Mentor Coordinator
N5467 CTHC
Rib Lake, WI 54470
tcscmedford@gmail.com