

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
P.O. Box 401
Medford, WI 54451
tcscmedfordwi@gmail.com