

Mentor Registration Form

PLEASE PRINT CLEARLY

Personal Information

Full Name:

Email address:

Phone number (please indicate home or cell):

Address (including postal code):

Do you have any allergies? If yes, please describe.

Current School:

Grade:

Instrument:

Teacher:

Years of Study:

RCM Level:

Emergency Contact Information

1. Full Name:

Relation to you:

Phone Number (please indicate home or cell):

2. Full Name:

Please note, as a non-profit organization dealing with children, all volunteers are required to have a Police Records Check.

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OFFICE USE ONLY

Relation to you:

Phone Number (please indicate home or cell):

<input type="checkbox"/> <i>OrKidstra Program</i> _____
<input type="checkbox"/> Police Records Check _____

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