

ODPC MENTOR APPLICATION

PERSONAL INFORMATION

Last Name _____ Middle Initial _____
First Name _____ Sex: M ___ F ___ Age: _____
Address _____ City _____ State _____
Phone Number _____ Cell Phone _____
Email Address _____ Website _____

MUSICAL ABLILITY/ TEACHING EXPERIENCE

How many years have you been playing the hammered dulcimer? _____

Please list your experience and how many years that you have teaching the hammered dulcimer.

What age group would you prefer to work with? _____

I give consent to a background check. Yes ___ No ___

Please tell us why you wish to be considered for the ODPC Student/ Mentor Program.

Signature _____ Date _____

Parent/Guardian Signature if a minor _____ Date _____

REFERENCES

First name _____ Last name _____ Sex: M___ F___

Address _____ City _____ State _____

Phone # _____ Email address _____

Relationship _____

First name _____ Last name _____ Sex: M___ F___

Address _____ City _____ State _____

Phone # _____ Email address _____

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