



Mentor Participation Form

Student Info:

Name: _____ Date of Birth: _____

School Grade: _____ Referring Organization: _____

Full Home Address: _____

Best Way to Contact: Cell Phone/Text: (_____) _____

Email: _____ Home Phone: _____

Parent /Emergency Contact:

Name : _____ Email: _____

Phone: (_____) _____

Why do you want to be a mentor with Operation Seed to Harvest? (Feel free to continue the following questions on a separate sheet.)

What are some of your strengths that you will bring to Operation Seed to Harvest?

What do you hope that students will learn more about?
