

Prairie Dulcimer Club 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

Do you want to be a mentor for the Hammered Dulcimer or the Mountain Dulcimer?
Hammered _____ Mountain _____
How many years have you been playing the dulcimer? _____

Please list your experience and how many years that you have teaching the 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 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 ___

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Phone # _____ Email address _____

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