

2019 Cherokee Choices Summer Camp Mentor Application

Date _____ Name _____ Cherokee Name/or Nick Name _____
Birth date _____ Sex: Male or Female Ethnicity: EBCI Native American Caucasian Other

Primary Care Taker _____ Relationship (parent, grandparent, foster parent): _____
Phone Number: _____ Alternate #: _____
E-mail: _____ Mailing Address _____

Have you participated in the Cherokee Choices Summer Camp or any other health or outdoor leadership camps in the past? Yes No If yes, please share _____

Can you swim? Yes No Some Are you afraid of heights? Yes- A LOT A little No

Do you speak Cherokee? Yes- A LOT A few words/Sometimes Rarely /Never

How do you feel about interacting with kids ages 9-12 all day long? _____

Are you willing to take part of all of the activities such as swimming, biking, zip-lining? _____

Do you have reliable transportation?(explain) _____

What are your hobbies/what do you do in your free time and what are your extracurricular activities?

- Sacred Path Youth Council Music: _____ Sports- List: _____
 Awards: _____ Other Extra Curricular activities- List: _____
 Crafts/Art Experience List: _____ Cooking Experience Gardening Experience
 Outdoor experience- List: _____ Hobbies- List: _____

What current responsibilities do you have at home (washing dishes, taking care of siblings, taking out trash) ?

What is your career dream?

Tell us why you would like to be a mentor of the Cherokee Choices summer camp:

Commitment to the program is mandatory Please sign showing commitment to attend a minimum of 12 out of 13 days of the Cherokee Choices Summer Camp. *Participant Signature/Date:* _____

Parent Signature of Consent /Date: _____

Applications due May 6th.

Submit to yolasaun@nc-choerokee.com; rosejame@nc-choerokee.com; or robibail@nc-choerokee.com

Cherokee Choices: 806 Acquoni Road Cherokee NC 28719 or FAX #828-359-0059