

ODPC MENTOR APPLICATION

PERSONAL INFORMATION

Name _____

Address _____ City _____ State _____

Phone _____ Email _____

Email Address _____ Website _____

MUSICAL ABILITY/ 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.

Do you have an age group you prefer to work with? _____

I give consent to a background check if necessary: Yes ___ No ___

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

Signature _____ Date _____



REFERENCES

Name _____

Address _____ City _____ State _____

Phone _____ Email _____

Relationship _____

Name _____

Address _____ City _____ State _____

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Relationship _____

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