



Elder Mentor Application

Full Legal Name: _____

Preferred Name: _____ Date of Birth _____ / _____ / _____

Street Address/ P.O. Box: _____

City and Zip Code: _____

Phone: _____ Email: _____

Typical Mode of Transportation: Car ATV Bus Paratransit Walk/Bike

Languages Spoken: _____

What age group are you most interested in serving?

- Early Preschool (ages 0-3)
- Pre-Kindergarten (ages 3-4)
- Grades K-3
- Grades 4-6
- Middle School
- High School
- Youth in community settings such as shelters, rehabilitation/correctional facilities, afterschool programs etc.



Why do you want to be an Elder Mentor?

What jobs or job have you held?

What hobbies or activities do you enjoy?

What special skills do you have that you would like to share with youth?

**Please return form to:
RurAL CAP Elder Mentor Program
731 E 8th Ave
Anchorage, AK 99501**

Or scan and email to eldermentor@ruralcap.org

Thank you for your interest! We look forward to learning more about you