



*Wichita and Affiliated Tribes
Juvenile Services Program
PO Box 729
Anadarko, OK 73005
(405) 247-8625*

Mentor Application:

**MENTOR PROGRAM WILL BEGIN WEDNESDAY, AUGUST 15TH

Mentor Information:

Name: _____ SS#: _____

Address: _____

Date of birth: _____ Gender: ___ Tribe/Enrollment #: _____

Parent/Guardian: _____

A COPY OF CDIB MUST BE ATTACHED.

Education Information

Current grade of school: _____

Additional Extracurricular activities: _____

Emergency Phone Contact: work # _____

home/cell# _____

Signatures:

Mentor: _____ Date: _____

Parent/Guardian: _____ Date: _____