



“Find Your Tribe” Mindfulness Program Mentor Registration Form



First Name _____ Last Name _____

E-mail _____ Phone _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Are you a Subject Matter Expert in one of these activities? (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Shooting Sports: Action, Steel, Sporting Clays | <input type="checkbox"/> Enduro / Adventure Motorcycling | <input type="checkbox"/> Camping |
| <input type="checkbox"/> Airsoft Action Shooting Team | <input type="checkbox"/> Equestrian Activities, e.g. Horseback Riding | <input type="checkbox"/> Kayaking |
| <input type="checkbox"/> Harley Introductory Riding Clinic | <input type="checkbox"/> Fly Fishing | <input type="checkbox"/> BBQ / Cook-off |
| <input type="checkbox"/> Sports Bike Riding Clinics | <input type="checkbox"/> Bass Fishing | <input type="checkbox"/> Music: Composing & Writing |
| <input type="checkbox"/> Jet Ski Clinics | <input type="checkbox"/> Hunting | <input type="checkbox"/> Online Action Gaming Team |

Which Activity would you like to help Mentor? _____

Level of Expertise _____

Why do you want to be a Mentor?

Professional Credentials?

- | | |
|---|---|
| <input type="checkbox"/> Instructor Certification (e.g. LE, Firearms, Defensive Tactics, Verbal Judo, Conflict Resolution, Professional Security, etc.) | <input type="checkbox"/> Psychology or Psychiatric Specialty |
| <input type="checkbox"/> Guide (e.g. Hunting, Fishing, etc.) | <input type="checkbox"/> Law Enforcement (e.g. Police Officer, Professional Security, etc.) |
| <input type="checkbox"/> Medical Professional (e.g. MD, Nurse, Paramedic, EMT, Etc.) | <input type="checkbox"/> Other _____ |

Please specify all of your Professional Credentials from the boxes selected above.

Specialization? (e.g. Working with Disabled Veterans; Substance Abuse, etc.)