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## “WALK A MILE WITH A CHILD” MENTOR / VOLUNTEER REGISTRATION FORM

\_\_\_\_\_  
First Middle Last

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

E-mail address(s) \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Talents or Skills: \_\_\_\_\_

Interest/Hobbies \_\_\_\_\_

Church \_\_\_\_\_

Volunteer Activity Preference: \_\_\_\_\_ T-Shirt size \_\_\_\_\_

Known allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this Mentor/Volunteer Registration Form to 100 BMOGC, Inc., Attn.:  
Mentoring Chair, c/o Adrienne Sims, [adriannemsims2@gmail.com](mailto:adriannemsims2@gmail.com). Thank you.