MENTORS NEEDED!

Apply to be a peer leader for an Adapted Fitness Clinic for youth with Autism and other developmental disabilities.

MEETING THURSDAY, FEBRUARY 28th
6-7:30PM at the Hampton Bays Community Center
25 Ponquogue Avenue, Hampton Bays

For more information, please call (631) 702-2425 or email aphillips@southamptontownny.gov
Mentor Application
(Print Neatly)

Name: _____________________________________________

Birthday: _____/_____/_____

Mailing Address:
__________________________________________________________________

Town: _________________________________________ Zip: _______________

School: __________________________________________ Grade: __________

Home Phone: ____________________ Cell Phone: _______________________

E-mail:  
___________________________________________________________________

Parent/Guardian: ____________________________  Phone: ________________

Parent/Guardian: ____________________________ Phone: _________________

Circle if you have the following:       Facebook         Instagram           Twitter

Do you receive text messages?       Yes / No

What is the best way to contact YOU?
___________________________________________

Do you have experience working with individuals with autism or other
developmental disabilities? If so, explain:
_______________________________________________________________________
_______________________________________________________________________

What brought you to join Teen Leaders Care?
_______________________________________________________________________
_______________________________________________________________________

PLEASE MAIL OR RETURN TO: SOUTHAMPTON YOUTH BUREAU, 655 FLANDERS RD, FLANDERS, NY 11901
OR EMAIL: APHILLIPS@SOUTHAMPTONTOWNNY.GOV