



Dreamfar High School Marathon Returning Mentor Application

Contact Information	
First/Last Name:	
Email:	
Address:	
City:	
State:	
Zip Code:	
Home Phone:	
Cell Phone:	
Work Phone:	
Emergency Contact:	
Emergency Contact Number:	
Relation to Emergency Contact:	

Profile		
Birth Date:		
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Race: (optional)	<input type="checkbox"/> African American <input type="checkbox"/> American Indian/Native American <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Multi- Racial <input type="checkbox"/> Other

Clothing Sizes:		
Indicate your male OR female size AND your unisex size which tends to be close to the same size as male clothing.		
T-Shirt (Male):	T-Shirt (Female):	T-Shirt (Unisex):
<input type="checkbox"/> Small	<input type="checkbox"/> Small	<input type="checkbox"/> Small
<input type="checkbox"/> Medium	<input type="checkbox"/> Medium	<input type="checkbox"/> Medium
<input type="checkbox"/> Large	<input type="checkbox"/> Large	<input type="checkbox"/> Large
<input type="checkbox"/> Extra Large	<input type="checkbox"/> Extra Large	<input type="checkbox"/> Extra Large

Education	
Highest level of education received:	<input type="checkbox"/> H.S. Diploma or Equivalent <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters Degree

DREAMFAR

HIGH SCHOOL MARATHON

	<input type="checkbox"/> Terminal Degree (M.D., J.D., etc.) <input type="checkbox"/> Other:	
School Name:		
Degree Received:		
Employment		
Occupational Field:	<input type="checkbox"/> Business <input type="checkbox"/> Education <input type="checkbox"/> Government <input type="checkbox"/> Health Care <input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Non-Profit <input type="checkbox"/> Legal <input type="checkbox"/> Technology <input type="checkbox"/> Retired <input type="checkbox"/> Other:
Company Name:		
Job Position:		
Does your company have a matching gifts program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Running Experience:	
What is your minute/mile pace for a marathon?	
<input type="checkbox"/> 7-8 minute/mile	<input type="checkbox"/> 12-13 minute/mile
<input type="checkbox"/> 8-9 minute/mile	<input type="checkbox"/> 13-14 minute/mile
<input type="checkbox"/> 9-10 minute/mile	<input type="checkbox"/> 14-15 minute/mile
<input type="checkbox"/> 10-11 minute/mile	<input type="checkbox"/> Other
<input type="checkbox"/> 11-12 minute/mile	

How many years have you been a mentor with Dreamfar? (Please include this year in your response. For example, if last year was your first year, your response would be "2")	
What was your 2015 Providence Marathon time?	

Please return to Kate Russell, Program Coordinator, by September 15, 2015:

- Scan and email to kate@dreamfarhsm.org
- Fax to Kate Russell at 617.527.9994
- Mail to Dreamfar High School Marathon, 27 Scotney Rd. Chestnut Hill, MA 02467