



Cochins International Junior Program

Adult Mentor Form

Name of Junior: _____

Address: _____

Phone: _____

E-mail: _____

Please Provide a Description of the Type of Help Provided by the Mentor and Length of Time.

Signature and Phone Number and/or E-mail of the Adult Mentor:

Please mail completed form to the CI Junior Program Chair:

Ross Treffert

5133 Ridge Road

Cortland, OH 44410

Phone: 330-397-6385

Email: Ross.Treffert@outlook.com