

Great Lakes Distance Riding Association Mentor Application

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Total years of Competition: _____ Total Miles: _____

Volunteer Experience: _____

I agree to allow mentees to reach out to me by either phone or email (or social media if applicable). I agree to respond within 5 days to their initial request. I agree to answer any and all questions of the mentee to the best of my ability or seek answers that I do not know. I understand that by being a Mentor I represent GLDRA and the sport of distance riding and should do so in the most favorable light. I understand that being a Mentor is a privilege, and that I may be removed from the list if I act unresponsive or unethically.

Signature of Applicant: _____ Date: _____

Please send completed forms or any questions to:
gldraorg@gmail.com