

THE MAKE A FILM FOUNDATION

Mentor Application

Name:

Address:

City:

State:

Zip:

Phone Number:

Email:

1. What is it about **Make A Film Foundation** that interests you?

Why do you want to participate in this program?

2. Have you ever mentored or taught before?

3. Have you ever worked with terminally or critically ill youth/people?

4. What area of film would most suits your capabilities as a mentor? (Writing/Directing/Acting/Producing)

5. Would you be comfortable working one on one with youth/participants?

6. How did you find out about the program?

****Please mail or attach a bio/resume.**

Send all correspondence to:

Tamika Lamison

Make A Film Foundation

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Los Angeles, CA 90004

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