



## College Community Mentoring Program

### Mentor Application

2013-2014

Name: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

College Address (Box #): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Cell Phone # or Campus Ext: \_\_\_\_\_

Major: \_\_\_\_\_

Expected Year of Graduation: 2014    2015    2016    2017

Grade level you would prefer to work with (please circle all that apply):

Pre-K   K   1   2   3   4   5   6   7   8   9-12

Mentee Preference:    Male            Female            No preference

Describe any skills and/or talents you possess that might benefit a mentee (e.g. academic, social, recreational, or other).

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Are there any activities you would like to facilitate/co-facilitate with a group of students?

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**Please return completed applications to:**

**Danielle A. Mack**

**Dmack1@une.edu**

College Community Mentoring & Diversion to Assets Field Coordinator

Decary 321 (office) / Decary 334 (mailbox)



## College Community Mentoring Program

If you are a returning mentor and would like to work with the same student/site you worked with last year, please list your site and student below. We understand how important you are to your mentee(s) and will work with the site to fulfill your request: \_\_\_\_\_

\_\_\_\_\_

Each of our mentors is asked to commit a minimum of one hour per week to their site and mentee(s). While a commitment of a semester is required for participation, a full academic year is preferred.

Do you have a car or other means of transportation?    Yes    No

Would you need transportation to the mentoring site?    Yes    No

Would you be willing/able to transport other mentors to the site?    Yes    No

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### References:

Please list two people who are not relatives that you have known for at least 1 year. References may be called or emailed.

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone number \_\_\_\_\_  
Relationship to you \_\_\_\_\_

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How long have you known this person? \_\_\_\_\_

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