Mentor Application

2013-2014

Name: ________________________________________________________________

E-Mail Address: __________________________________________________________

College Address (Box #): _________________________________________________

Permanent Address: _______________________________________________________

Cell Phone # or Campus Ext: _______________________________________________

Major: __________________________________________________________________


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).

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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)
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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Decary 321 (office) / Decary 334 (mailbox)
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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College Community Mentoring Program

How long have you known this person? _____________________________

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