



MENTOR INFORMATION

Contact Information

NAME

DAY PHONE

MSG PHONE

EMAIL

ADDRESS

AAS

BS

Personal Information

What classes are you taking this semester?

What are your professional goals?

What are your favorite recreational activities?

Have you had any experience with mentoring? If so, what type and when?

Do you prefer your protégé to be: Female _____ Male _____ Doesn't matter _____

What do you hope to realize through your involvement in the mentor program?

Signature

I have read the guidelines and agree to participate in the Student Peer Mentor Program.

Signed _____

Date _____

Thank you very much for sharing this information. If you have any questions, please call Mary Sue Anderson at 786-6944.