

Mentor Application

Minority Mentoring Program

Name _____ (Please Circle) Male/Female

Home Address _____ Phone # _____

City _____

State and Zip _____

2001 TCNJ Dorm Address _____

Date of Birth _____ Ethnicity (Optional) _____

_____ Yes, I am willing to mentor two students

_____ Yes, I am willing to mentor one student

_____ No, I am not able to mentor a freshmen this academic year

Major _____ Fall 2001 Class Status _____

Anticipated number of credits for Fall 2001 Semester _____

Current Grade Point Average _____

Career Goals _____

Will you be employed this academic year? _____ Job Position _____

If yes, How many hours a week _____

Are you a smoker? Yes _____ / No _____

Match me with a: non smoker/ smoker/ no preference (Please circle your preference)

Have you ever been a mentor in the Minority Mentoring Program? Yes / No

Please list your personal interests and hobbies:

Please list your campus activities and involvement's:

Please describe a mentoring (as a mentor or a mentee) experience you have had. Be specific and explain how you believe this will effect you as a mentor, as well as what your objectives will be as a mentor.

I agree if accepted as a mentor, I will follow the rules and regulations of The Minority Mentoring Program. I will also adhere to all college policies, which if violated, could affect my status as a mentor in the program. I also will attend one of the mentor training sessions with my mentor.

Print Name

Signature

Applications are due no later than Sunday, July 22, 2001