

Mentor Application

Last Name: _____ First Name: _____ MI: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Student ID: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Program: _____ Concentration: _____

Hours Currently Enrolled: _____ Total Credits Earned: _____

(If you need more space for the following, please use a separate document and attach):

1. Have you ever mentored or worked with students younger than yourself? Yes No
If yes, please explain duties performed, starting when and where:

2. Are you an active member in any organizations? Please list each one in order of time commitment from greatest to least.

Name of Organization	Title

3. Briefly, please tell us why you would like to be considered for this mentoring program.

4. What days and times are you most available for an interview? Please list times of availability under the days that best suit your schedule.

Monday Tuesday Wednesday Thursday Friday

A.M. _____

P.M. _____

5. This application requires you to have one recommender. Please provide his/her/their information below and we shall reach out:

Name: _____

Title: _____

Organization/Company: _____

Email address: _____

I, _____, agree that all information contained in this application is accurate and honest.

Signature

Date

Please attach a copy of your most recently updated resume and submit completed application to:

EDI@unthsc.edu