

## Mentee Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Local Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
School Name: \_\_\_\_\_

1. What do you enjoy doing in your free time?

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2. What is your favorite and least favorite subject and why?

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3. What are three (3) words or phrases that your best friend would use to describe you?

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4. What are your plans after graduation?

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5. Do you have volunteer or working commitments? Please list each one in order of time commitment from greatest to least.

Name of Organization	Time Commitment

7. What skills would you like to develop during this program?

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8. Briefly tell us why you would like to be a mentee in this mentoring program and how you think this program would benefit you?

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If you were to be mentee in this program would you need transportation?

Yes No

**Parental Permission:**

I \_\_\_\_\_ (parent/guardian) have provided my son/daughter  
\_\_\_\_\_ permission to participate and complete the requirements of the  
University of North Texas, School of Public Health Mentor Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Contact (Email & Cellphone)