



Mentor Application Form

_____ Semester, Year

Name: _____ Date: _____

Last First

Date of Birth: _____ Age: _____ Gender: _____

Contact Information: (Put a check by the preferred method of contact.)

Phone: _____ Email: _____

Do you text? ___ Yes ___ No

Are you willing to use group text for scheduling purposes, campus activities etc.? ___ Yes ___ No

Are you a returning peer mentor? ___ Yes ___ No

Major _____ Minor _____

What mentor/volunteer opportunities are you interested in? (Mark all that apply) (See Peer Mentoring Handbook for explanations)

___ Academic Tutor

___ Wellness Mentor

___ Social Mentor (off OR on-campus events)

___ Life Skills Mentor

Please list your hours of availability for mentoring:

Days	From	To	From	To	From	To	From	To
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								



Are you willing to commit at least 1 hour/week from the date you are scheduled until the end of this semester unless otherwise specified? ___Yes ___ No

Are you participating as a mentor to gain hours for class? ___ Yes ___ No Course Name: _____ Instructor: _____

How many volunteer/practicum hours are required for credit in the course? _____

How did you hear about the PSE Program?

Do you have previous volunteering experience? ___Yes ___No If yes, please describe your experience and responsibilities:

Are you involved in any campus or community activities? ___Yes ___No If yes, please list involvement (e.g., Greek life, RUF, theatre, intermural sports, etc.) _____

Have you ever worked with or volunteered with individuals with disabilities? ___ Yes ___ No If yes, please specify what organization, when, and for how long: _____

Please briefly explain why you want to become a mentor for PSE? _____

_____ List any special interests, skills, or hobbies you have:

By signing this application, I ensure that all of the information I have provided is accurate to the best of my knowledge. I understand that the PSE staff can terminate my mentor position at any time if I do not meet the needs of the program. I understand that I will need to log my hours and submit reflections on on a weekly/monthly basis.

Mentor Signature _____ Date _____

Please return application to:

**PSE Department
6220 East Texas St
Bossier City, LA 71111
318.678.6368
Office D-110**