

For Office Use:	
ID:	

PEER MENTOR PROGRAM PEER MENTOR APPLICATION FORM

First Name:	Last Name:
Student ID:	Campus:
Program:	Semester:
Phone:	
Email Address:	

- 1. Please include the following as part of your application:
 - a. Application Form (Page 1&2)
- c. Resume

b. Cover Letter

d. Completed Faculty / Staff Recommendation Form

- 2. Program requirements:
 - a. Once your application passes the screening process you will be contacted for an interview;
 - b. You will be required to attend a Leader Training session in the Spring and Mentor Training in the Fall
 - c. All students working with youth in the Pathways to Education Program, Dual Credit Program, or the From 3 to 3 Program must complete a **Police Reference Check**
- 3. Please submit your application to the following locations:

NORTH Applicants:
H217 c/o Melissa Gallo

A116 c/o Melissa Gallo

QUESTIONNAIRE

The following information is collected for the sole purpose of helping us match Peer Mentors with compatible college and / or high school students. We encourage you to share only the information you are comfortable sharing and information that you feel is relevant to your relationship with a student learner. *You have the option of choosing not to respond to all questions..*

1. Please indicate the program area you are interested in working in:

	 College Degree International S Off-Campus Sto Indigenous Stu First Generation 	o Du o Pat	 Dual Credit Program (High School Students) Pathways to Education (High School Students) 					
2. Do you prefer to be matched with a student who is: (please circle one)								
	Male Female Doesn't Matt		/latter					
3. In which age range would you prefer your student learner to fall into? (p					nto? (please circle one)			
	Less than 18 years	8 years 18-21years		years	25+ years			
4.	What is your prim	ary motivation for join	ing the Peer I	Mentor prog	gram? (please circle one	:)		
	Academic Social Other (Please Specify):		Volunteer					
5.	Do you prefer to l	oe matched with a stud	ent who is: (p	please circle	one)			
	Quiet	Outgoing	Doesn	Doesn't Matter				
 Check all key elements you would like to see in your student learner: (please check all that Same academic program or career interests Same linguistic / cultural background Active on campus or in the community Other (Please specify) 								
7.	erested in?							
8. What is your preferred language(s) of communication?								
9.	. List any campus activities, extra-curricular programs, or organizations you belong to, or are interested in joining:							

Please note that the information shared in this application will remain private and will be destroyed once your term as a Peer Mentor is complete.

Faculty / Staff Recommendation Form

Student Services Peer Mentor Program

Confidential

	Please fill out the following information to the best of your knowledge.						
	Return to: a) The student in a sealed envelope b) Interoffice mail to: Melissa Manage North C						
	Your name:						
	Position:						
	Academic School / Department:						
	Relationship to the Student:						
	Please rate the student on the follow	wing compete	encies (1 We	eak – 5 Very	Competent)		
1.	Leadership ability	1	2	3	4	5	N/A
2.	Communication and Interpersonal skills	1	2	3	4	5	N/A
3.	Ability to relate to other students	1	2	3	4	5	N/A
4.	Dedication to studies	1	2	3	4	5	N/A
5.	Respect for diversity	1	2	3	4	5	N/A
6.	Demonstrates good judgement	1	2	3	4	5	N/A
7.	Ability to serve as a role-model	1	2	3	4	5	N/A
8.	Demonstrates initiative	1	2	3	4	5	N/A
	Would you have any concerns al	oout this stud	dent working	g as a peer n	nentor? Or o	omments?	

Thank you for taking the time to complete this recommendation form

Faculty / Staff Recommendation Form

Student Services Peer Mentor Program

Confidential

Regarding (Student Name):								
Please fill out the following infor	mation to the be	st of your kr	nowledge.					
Return to: a) The student in a sealed envel b) Interoffice mail to: Mel Mar Nor								
Your name:								
Position:								
Academic School / Department:								
Relationship to the Student:								
Please rate the student on the following competencies (1 Weak – 5 Very Competent)								
1. Leadership ability	1	2	3	4	5	N/A		
Communication and Interpersonal skills	1	2	3	4	5	N/A		
3. Ability to relate to other students	1	2	3	4	5	N/A		
4. Dedication to studies	1	2	3	4	5	N/A		
5. Respect for diversity	1	2	3	4	5	N/A		
6. Demonstrates good judgem	ent 1	2	3	4	5	N/A		
7. Ability to serve as a role-mo	del 1	2	3	4	5	N/A		
8. Demonstrates initiative	1	2	3	4	5	N/A		
Would you have any concert	ns about this stud	ent working	g as a peer m	nentor? Or co	omments?	,		

Thank you for taking the time to complete this recommendation form