

# *The Adelphi University Mentoring Program*

## *Mentor Application*

Please take time to carefully answer these questions. They will be used to skillfully match you with a Mentee who has like interests. All responses will be kept confidential and files will be kept secure. This Application can be typed or written legibly. Please return via email or deliver to Professor West in Nexus 144 or email to cwest@adelphi.edu. Call 516-877-3182 with any questions or concerns.

Name \_\_\_\_\_

First

Middle

Last

Gender (Circle): Male / Female / I choose to be identified as \_\_\_\_\_

### *For Adelphi Faculty & Staff:*

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Building Name:

\_\_\_\_\_

Title:

\_\_\_\_\_

Department:

\_\_\_\_\_

### *For Non-Adelphi employees, please list your address:*

Address \_\_\_\_\_

Street

City

State

ZIP

Work phone \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail address \_\_\_\_\_

What is your preferred method of communication? (Circle) Phone (Home or Mobile) or Email

1. Indicate your grade level/cohort preference (Circle): Freshman / Sophomore / Junior / Senior
2. Indicate your population preference (Circle all that apply): Undergraduate Students of Color/ Veterans / First Generation Students / LGBTQ+ Students

3. Please describe what strengths you will bring to this program.

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4. Write a brief statement on why you have chosen to participate in the Adelphi University Mentoring Program for Undergraduate Students of Color/ Veterans / First Generation Students/ LGBTQ+ Students.

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5. Yes No (Circle) Have you been convicted of a crime in the last 7 years?

6. If the answer is YES to question 4, please explain below:

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7. Educational Background (Circle):

Some high school

Graduate/professional school

High school graduate

Technical school

Some college

College graduate

Other (please specify) \_\_\_\_\_

8. Why do you want to become a mentor?

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9. What days of the week are you available to volunteer as a Mentor? (Circle all that apply):

Monday

Tuesday

Wednesday

Thursday

Friday

10. What is the best time for you to volunteer? (Circle all that apply):

Mornings

Afternoons

Evenings

11. Please list two references (please include at least one personal friend and one work reference) Note: letters of recommendation are not necessary, only contact information:

(1)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship \_\_\_\_\_

(2)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/ZIP \_\_\_\_\_

Phone number \_\_\_\_\_

Relationship \_\_\_\_\_

12. Do you speak a foreign language? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

13. Please list any hobbies or interests you have:

\_\_\_\_\_

14. What kind of activities would you like to enjoy with a mentee?

\_\_\_\_\_

15. What clubs or groups, if any, do you belong to? \_\_\_\_\_

\_\_\_\_\_

16. "My favorite subject in school was" (Complete this sentence)

\_\_\_\_\_

17. "My least favorite subject in school was" (Complete this sentence)

\_\_\_\_\_

18. What qualities would you like in a mentee? \_\_\_\_\_

19. What individual has served as a role model for you? Why? \_\_\_\_\_

\_\_\_\_\_

20. If you could recommend one book for your mentee to read, what would it be and why?

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Please write a brief statement about why mentoring is important:

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I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

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Signature

Date

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**Portions adapted from materials provided by Mentoring Partnership of Long Island, *The ABC's of Mentoring*, and California Governor's Mentoring Partnership**

***Office Use Only:***

Intake / Interview Date: \_\_\_\_\_

Application Submitted: \_\_\_\_\_