



Mentor Program – LGBT Mentee Application

Name: _____

First Name

Last Name

EID: _____

Date of Birth: _____

College/School & Major: _____

Campus Address: _____ **Local Phone #:** _____

Email: _____

Ethnicity: _____ **Gender:** _____ **Sexual Orientation:** _____

Why would you like to participate in this program? _____

If matched with a mentor, what are you looking to gain from this relationship? _____

Describe your hobbies and interests: _____

How much time are you willing to devote to working with a mentor? _____

What background are you looking for in a mentor that will help us in the selection process?

What kind of support/assistance can the program offer that will be most helpful to you?

My signature below represents my commitment to participate in the Faculty/Staff Mentor LGBT Program.

Signature: _____

Date: _____