

PEER MENTOR APPLICATION

Date: _____

Name: _____

Address: _____

E-Mail: _____ Cell Phone: _____

Cumulative GPA: _____ Credits Earned: _____

Class Year: _____

Major(s): _____ Minor(s): _____

Do you belong to any campus organizations? Y___N___

If so, please list them _____

Previous community service experience:

Personal Interests/Hobbies:

Do you agree to participate in Peer Mentor training? Y___N___

Do you agree to send an email report every time that a meeting occurs (or is cancelled) with your Bridges student? Y___N___

Do you agree to attend monthly Bridges group activities? Y___N___

Do you agree to attend monthly supervision meetings? Y___N___

Do you agree to be confidential with your work between you and your student? Y_N_

Do you agree to notify us with any emergencies and concerns regarding your student? Y_ N_

Do you have any questions?_____

Essay:

Briefly describe your interest in the Bridges to Adelphi peer mentor program, why you feel that you are qualified for the position, what your passions are, what activities/ideas you plan on doing with your Bridges student, and what unique experiences you can bring to the program.

I, _____, hereby authorize Adelphi University personnel in the Office of Student Affairs to disclose personal identifiable information, specifically regarding past or present disciplinary action against me. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to the Office of Student Affairs.

Signature: _____ Date: _____

Student ID #: _____

