



College of Nursing & Public Health (CNPH) Peer Mentoring Program

Peer Mentee Application

Please take time to carefully answer these questions. They will be used to skillfully match you with a volunteer Mentor 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 the Nexus Building, Office 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 _____

(Examples: gender non-conforming, transgender, etc...)

Race / Ethnicity _____

Home phone _____ Mobile phone _____

Address _____

E-mail address _____

Current GPA _____

Current Academic Year (Select all the apply):

- CNPH First Year Student
- CNPH Sophomore Student
- CNPH Junior Student

How did you learn about the CNPH Peer Mentoring Program? (Select all that apply):

- Flyer
- Adelphi Site
- CNPH Site
- Word of Mouth

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

1. Please describe how a mentoring program would benefit you.

2. Write a brief statement on why you have chosen to participate as volunteer Mentee in the College of Nursing and Public Health Peer Mentoring Program.

3. Are there any specific areas that you would like to focus on within College of Nursing and Public Health Peer Mentoring Program?

4. What qualities do you think a good mentor should have?

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

Monday Tuesday Wednesday Thursday Friday Weekends

6. What is the best time for you to meet with your mentor? (Circle all that apply):

Mornings Afternoons Evenings

7. What do you hope to gain from the College of Nursing and Public Health Peer Mentoring Program?

- Life Skills advice
- Career Guidance
- Academic Support
- Other

8. Please list two (2) to three (3) references (please include at least one personal friend and one Faculty 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 _____

(3)

Name _____

Address _____

City _____ State/ZIP _____

Phone number _____

Relationship _____

9. Do you speak a foreign language? _____ If yes, please specify: _____

10. Please list any hobbies or interests you have:

11. What kind of activities would you like to enjoy with a mentor?

12. What clubs or groups, if any, do you belong to? _____

13. "My favorite subject in High School/College was" (Complete this sentence)

14. "My least favorite subject in High School/College was" (Complete this sentence)

15. What qualities would you like in a mentor? _____

16. What individual has served as a role model for you? Why? _____

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 Peer Mentoring Program application forms, is grounds for dismissal from the Peer Mentoring Program.

Signature

Date

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: _____