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## Career and Community Studies Mentor Application

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

TCNJ ID: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Gender: \_\_\_\_\_

Major: \_\_\_\_\_

School/Department: \_\_\_\_\_

1. How did you hear about the position?:

\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever been a mentor in a Mentoring Program?:

- If yes, please describe a mentoring (as a mentor or mentee) experience you have had. Be specific and explain how you believe this will affect you as mentor, as well as what your objectives will be as a mentor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What interests you most about this position?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. ~~At~~ If applicable, describe any experience you have had in supporting individuals with a disability:

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5. Will you be employed this academic year?:

- If yes, how many hours per week?: \_\_\_\_\_

6. Please list your campus activities and involvements:

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7. Please list your personal interests and hobbies:

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8. What amount of time per week do you anticipate you will be able to commit to as a mentor?:

9. What kind of experiences do you hope to gain as a mentor in this program?:

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10. What makes you an ideal candidate for this position?:

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11. Are you applying to become a residential mentor?:

- If yes, please fill out attached reference sheet.

Additional Comments:

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I agree if accepted as a mentor, I will follow the goals and objectives of the Career & Community Studies program. I will also adhere to all college policies, which if violated, could affect my status as a mentor in the program. I also will attend the required training sessions: I accept

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please save and email completed forms to: [ccs@tcnj.edu](mailto:ccs@tcnj.edu)

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## References

**\*Please note only those applying to be Residential Mentors need to complete this section.**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

How long has this person known you?: \_\_\_\_\_