

First Name:

Last Name:

TCNJ ID:

Street Address:

Street Address 2:

City:

State:

Country:

Zip Code:

Email:

Phone Number:

Cell Phone Number:

Birthday:

Gender:

Class:

Major:

School/Department:

GPA:

Credits:

Residence:

Ethnicity:

Please select one:: two

What are your career goals?:

Will you be employed this academic year?:

Job Title::

If you are going to be employed this academic year, how many hours per week?:

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

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

Please list your personal interests and hobbies::

Please list your campus activities and involvements::

What interests you most about this position?:

Describe your experiences, if any, with persons who have disabilities?:

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

Would you prefer to participate as:

The best way to contact you is:

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 mentorship training sessions as outlined.: AGREE