

PSYC 207V - Mentoring Application

Name: _____ **Age:** _____ **Date:** _____

Address: _____ **Phone:** _____

Email: _____ **Student ID #:** _____

Expected date of graduation: _____ **# of Credits Enrolled in fall:** _____

Classification (circle one): Freshman Sophomore Junior Senior

Major: _____ **Minor:** _____ **GPA:** _____

Sex: M F **Ethnicity:** White Black Hispanic Asian Multi-Ethnic Other

Are you multilingual? Yes No **If so, in which languages?** _____

Are you a first generation college student? Yes No

Are you available for 1.5 hours per day for twice a week during lunchtime? (Our schools are in Springdale. Lunchtimes typically range between 10:30 am and 1 pm.) Yes No

Specific Availability: _____

Do you have reliable transportation? Yes No

How did you hear about our program? _____

Reference (Adult that knows you well) **Name** _____

Relation _____ **Phone #** _____ **E-mail** _____

Questions (If yes, please explain in back)

Have you ever been arrested? Yes No

Have you ever been accused or convicted of child abuse? Yes No

Have you ever been hospitalized because of substance abuse/mental health problems?

Yes No

Please list any relationships/experiences with children: (Feel free to use the back if needed.)