

Vancouver Campus #100-602 W Hastings St, Vancouver British Columbia, V6B 1P2, Canada Tel. (604) 681 5815 Fax. (604) 681 5819

Burnaby Campus

#101-4603 Kingsway, Burnaby British Columbia, V5H 4M4, Canada Tel. (604) 435 5815 Fax. (604) 435 5895

2020 STUDENT SERVICES MENTORSHIP PROGRAM APPLICATION FORM - MENTEE

Thank you for your interest in the Alexander College Peer Mentorship Program. Please completely fill out the application below and send to studentservices@alexandercollege.ca or submit to the Student Services Office at either campus.

Student Family Name:	Student First Name:	Student Number:	Application Date: YYYY- MM- DD
Email Address:			Number of Terms Completed:
Phone Number:			Preferred Campus: N/A

Have you participated in a mentoring program before?

Yes, as a mentor	
Yes, as a mentee	
No	
If yes, please describe your experience:	
Would you prefer to be connected with a mentor of the same gender as you?	

Yes

] Doesn't Matter

Mentee Checklist

I understand that applying to the Mentorship	I am able to commit to a minimum of <u>eight</u>
Program does not necessarily guarantee me	meetings during the time frame of the Mentorship
being approved as a mentee.	Program.
I understand that both mentors and mentees are responsible for arranging BlueJeans meetings and times.	I understand that failure to complete the program requirements or act appropriately online will result in forfeiting any incentives associated with the Peer Mentorship program.



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Short Answer Questions

1. Explain why you would like to participate in the Peer Mentorship program.

2. Please summarize two goals you would like to achieve through this mentorship program.

3. Where do you see yourself in three years?

4. Please list any hobbies, interests, or extracurricular activities.

Availability (Please check all that you would be interested in)									
	Monday	Tuesday	Wednesday	Thursday	Friday				
9:00am – 12:00pm									
12:00pm – 3:00pm									
3:00pm – 6:00pm									
6:00pm – 9:00pm									
Signatures									
I authorize the verification of the information provided on this form. I have received a copy of this application.									
Signature of applicant:				Date:					