



2021 PEER MENTORSHIP PROGRAM APPLICATION FORM - MENTOR

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.

Student Family Name	Student First Name	Student Number	Application Date: YYYY- MM- DD
Email Address:			Number of Terms Completed:
Phone Number:			

Have you participated in a mentoring program before?

- Yes, as a mentor
- Yes, as a mentee
- No

If yes, please describe your experience:

Mentor Checklist

<input type="checkbox"/> I understand that applying to the Mentorship Program does not necessarily guarantee me being approved as a mentor.	<input type="checkbox"/> I am able to commit to a minimum of eight virtual meetings during the time frame of the Mentorship Program.
<input type="checkbox"/> I understand that both mentors and mentees are responsible for arranging meetings, times and locations.	<input type="checkbox"/> I understand that failure to complete the program requirements will result in forfeiting any incentives associated with the Peer Mentorship program.

Short Answer Questions

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



2. Briefly outline the skills, experiences and guidance you are interested in sharing with a mentee.

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

4. Where do you see yourself in three years?

5. 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 give consent for the release of my email information to be used by the Mentee/Coordinator for the duration of the program.

Signature of applicant:

Date: