



2021 PEER 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.

Student Family Name:	Student First Name:	Student Number:	Application Date: YYYY- MM- DD
Email Address:			Number of Terms Completed:
Phone Number:			Current Location and Time Zone:

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

Would you feel comfortable meeting your mentor for in-person meetings?

- Yes No

Mentee Checklist

<input type="checkbox"/> I understand that applying to the Mentorship Program does not necessarily guarantee me being approved as a mentee.	<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.



Alexander College

Short Answer Questions

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

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

Signature of applicant:

Date: