**TRIO SSS CLASSIC & TRIO STEM**

Peer Mentor Application

*Mentoring is a special partnership between two persons based on commitment to the mentoring process, common goals/expectations of the partnership, mutual trust and respect. Mentoring can also be an opportunity to work with a small group of students in an area of which you are successful.*

*These experiences can be both rich and rewarding opportunities. As a mentor you will have a unique opportunity to enhance students’ collegiate experience.*

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ G #

 First Middle Last

Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class Standing

Cumulative G. P. A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Write a brief statement on why you want to be a mentor. (Add a page if needed)

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What strengths or attributes can you contribute to this SSS Peer Mentor program? (i.e., bilingual, math skills, previous relevant volunteer experience, etc.) you can bring to this program? (Add a page if needed)

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What organizations, if any, do you belong to? (Add a page if needed)

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What program are you in? (Check one) TRIO CLASSIC \_\_\_\_\_\_ TRIO STEM \_\_\_\_\_\_

Do you have experience or hold a leadership position in any of the following: (Check all that apply)

 \_\_\_\_\_ One-on-One Mentoring/Coaching \_\_\_\_\_ Resident Assistant

\_\_\_\_\_ Transition Leader for GVSU \_\_\_\_\_ Presenting Workshops

 \_\_\_\_\_ Study skills training \_\_\_\_\_ Participate in Service Learning

 \_\_\_\_\_ Knowledge of Campus Resources \_\_\_\_\_ Attending Campus Events

 \_\_\_\_\_ Other (Please Explain Below)

Are you a returning Peer Mentor? Yes \_\_\_\_\_ No \_\_\_\_\_

Initial the statements below:

\_\_\_\_\_ I understand that I will be required to attend the mandatory mentor program orientation in August and in early January. I will also complete any training sessions during the year.

\_\_\_\_\_ I understand that I will be required to sign a confidentiality agreement and strictly adhere to it.

\_\_\_\_\_ I understand that I will need to record and submit documentation as required by the program.

\_\_\_\_\_ I certify to the best of my ability that the information provided on this application is true and accurate.

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 Signature Date

For Office Use Only:

Reviewed by:

Check If Complete:

Cover Letter: Resume:

Full time status F22 & W23: GPA: Active Participant:

Selected for Interview:

Recommended to hire:

Notes: