

INCLUSIVE EXCELLENCE PEER MENTORING PROGRAM

Mentor/Mentee Application

STANDARD INFORMATION REQUEST FOR MENTORS/MENTEES

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____ Gender: M F

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White Hispanic/Latino

Term you plan to start at College of DuPage: _____

High School Attended: _____ Graduation Year: _____

ADDITIONAL INFORMATION REQUEST FOR MENTORS/MENTEES

Most recent employer: _____

Supervisor: _____ Email: _____ Telephone: _____

Start date: _____ End date: _____ Are you currently employed?

Clubs and Organizations:

Club Name: _____ Position: _____ Term: _____

Club Name: _____ Position: _____ Term: _____

What career/profession are you planning on pursuing?

FOR MENTOR ONLY

Have you mentored someone in the past or currently? Yes No

Why do you want to be a mentor?

Are you: Faculty Staff Community Member Business Owner

FOR OFFICE USE ONLY
Enter in CORM: _____ Date: _____ Initials: _____

Return application to: Saraliz Jimenez, SSC 2225C, or David Swope, SSC 2225E, between 8 a.m.–5 p.m. Monday–Friday
Completed application and required essay are due by September 20, 2017.