Mentor Application*

Please print clearly. Date of Application: ____________

Name: ___________________________________________ Person Number: ____________

Last First

Contact Information:
Cell Phone Number: (___) ___________ Texting ___ No Texting
Local/Campus Phone Number: (___) ___________
Email Address: ___________________________________
AOL Screen Name/Other (please specify): ______________________________

Local Address:
Street: ___________________________________________________________________
City, State, Zip: ___________________________________________________________________

Permanent Address:
Street: ___________________________________________________________________
City, State, Zip: ___________________________________________________________________

Academic Advisor(s): __________________________
CADS Program (If applicable):
___ ACE ___ Acker ___ C-STEP/L-SAMP ___ EOP ___ McNair ___ SSS

Year Entered UB: ____________ Intended Graduation Date (month/year): ____________
Current Student Level: ___ Sophomore ___ Junior ___ Senior
Overall GPA: ____________ (Minimum 3.0/4.0 GPA to be eligible to become a certified mentor)
(Intended) Major(s): __________________________________________________________
(Intended) Minor(s): __________________________________________________________

How did you learn about the Center for Academic Development Services Peer Mentor Program?

________________________________________
________________________________________

* In addition to completing this application please make sure you register for the CPM 499 Peer Mentoring Class.
Class Time: Mondays 3:00 pm- 4:40 pm 2 Semester Commitment (Spr/Fall)
Reason for being a mentor (Use additional sheets if necessary):


Have you had any previous Peer Mentor experience? If so, please explain. (Use additional sheets if necessary):


Gender: _____ Male _____ Female _____ Other

Ethnic Origin:
- _____ African-American/Black
- _____ Hispanic/Latino/a
- _____ Asian/Pacific Islander
- _____ Native or Alaskan Indian
- _____ Caucasian/White
- _____ Other ___________________
- _____ Indian

Do you speak any other languages? _____ Yes _____ No If yes, what languages? ____________________________________________

Are you a commuter? _____ Yes _____ No

Are you employed on or off campus? _____ Yes _____ No; _____ On _____ Off

Have you ever held an internship? _____ Yes _____ No

Student Association Memberships: ________________________________________________

References – Include Name, Title, Address, Email, and Phone:

Academic:
- ________________________________________________
- ________________________________________________
- ________________________________________________

Professional:
- ________________________________________________
- ________________________________________________
- ________________________________________________

I understand that the information provided will be used to consider eligibility for participation in the CADS Peer Mentoring Program, and I certify under penalty of perjury that this information is true, complete, and accurate to the best of my knowledge.

_________________________________  ________________________
Student Signature  Date

OFFICE USE ONLY:
Approved: _____  Not Approved: _____  If not approved, reason: ____________________________________________
Reviewed By: ________________________________  Interviewed By: ________________________________
Number of Mentees Assigned: _____________  Paired with: ____________________________________________

Peer Mentor Program Coordinator – Cathleen Morreale
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