

# Student Mentor Application and Interest Inventory

## General Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Academic Information

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ # of Units Enrolled \_\_\_\_\_  
Academic Standing: \_\_\_\_\_ Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate \_\_\_\_\_

## Employment Information

Are you currently employed?	Yes	No	If Yes, who is your employer?
How many hours per week do you work?	Hours: _____		
Have you ever been convicted of a sexual crime or child abuse?	Yes	No	
Have you ever been fired or asked to resign from a paid or volunteer position because of any harassment or physical violence?	Yes	No	

## Mentoring

What type of peer mentoring experience? Yes No  
If yes, please describe your experience:

Have you ever worked with or had experience with people with disabilities? Yes No  
If yes, please describe your experience:

Why do you want to be a peer mentor for students with physical or learning disabilities, and what do you hope to gain from the experience?

Do you have experience with Fresno State resources?  
(Ex: University Housing, The Learning Center, etc.) Yes No  
If yes, please explain:

# MAPS: Mentoring and Peer Support

## Hobbies and Interests

Are you involved in any student organizations or clubs with Fresno State?      Yes      No  
If yes, please indicate what student organizations or clubs you participate in:

Please list any other organizations or other activities you are involved in:

Name at least two talents, hobbies, or interests you have:

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### Select 2 to 5 words that best describe you:

Energetic	Punctual	Enthusiastic	Gentle	Artistic
Outgoing	Analytical	Sincere	Organized	Quiet
Athletic	Shy	Conscientious	Trustworthy	Personable
Studious	Independent	Funny	Imaginative	Creative

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### Select 2 to 5 things you like to do with your friends or in your spare time:

Shop	Play games	Church Activities	Talk on phone/text
Study	Play Sports	Attend Concerts	Attend community events
Dance	Arts & Crafts	Go out to eat	Participate in school activities
Read	Watch Sports	Biking/Hiking	Go out for coffee/tea
Exercise	Cultural Events	Listen to music	
Volunteer	Attend Festivals	Watch Movies/TV	

Other:

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### Select 2 to 5 of your Academic Interests:

Biology	Film	History	Political Science
Language	Medicine	Chemistry	Health
Music	Social Science	English	Research
Engineering	Geography	Psychology	Lectures
Math	Journalism	Art	Study Groups
Business	Computer Science	Theater Arts	

Other:

## MAPS: Mentoring and Peer Support

### Availability

Please provide your availability to meet with a mentee. Place an X in the boxes that work with your schedule.

Times	Monday	Tuesday	Wednesday	Thursday	Friday
9 am - 10 am					
10 am - 11 am					
11 am - 12 pm					
12 pm - 1 pm					
1 pm - 2 pm					
2 pm - 3 pm					
3 pm - 4 pm					
4 pm - 5 pm					
5 pm - 6 pm					
6 pm - 7 pm					
Other Times					

### References

Name	Phone	Title	Years Known
1.			
2.			

I hereby certify that all statements and information submitted in this volunteer application are accurate to the best of my knowledge. I further understand that references may be contacted to verify information submitted on this volunteer application.

Applicant Signature:

Date: