



ALABAMA A&M UNIVERSITY
CHANGING LANES: FIRST-YEAR MENTORING PROGRAM
MENTOR APPLICATION

Please complete this form if you are interested in volunteering as a mentor in the program. This information will be helpful when matching mentors with protégés. Your role as a mentor is to help foster students' success and to assist them to become acclimated socially, academically and professionally.

Will you commit to a minimum of one year of mentorship with your protégé? Yes No

Will you be able to meet with your protégé for at least one vis-a-vis visit? Yes No

NAME:	Last	First	Salutation (Mr., Ms., Rev., Dr., etc.)
MAILING ADDRESS:	Street		P.O. Box
	City	State	Country
PHONE:	include area code Cell	include area code Work	
	EMAIL: _____		GENDER: Male <input type="checkbox"/> Female <input type="checkbox"/> (Mentors will be matched to protégés primarily by same sex. Please tell us yours.)
INTEREST IN MENTORING <small>(Check all that apply):</small>	<input type="checkbox"/> Dining Etiquette	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Golf
	<input type="checkbox"/> Professional Dress	<input type="checkbox"/> Presentation Skills	<input type="checkbox"/> Tennis
	<input type="checkbox"/> Interviewing Skills	<input type="checkbox"/> Interpersonal Skills	<input type="checkbox"/> Professional Interest
		<input type="checkbox"/> Business Comm./Resume	<input type="checkbox"/> Other _____

Will you be representing your organization as a mentor? Yes No

COMPANY:			
ADDRESS:	Street		P.O. Box
	City	State	Country
PHONE:	include area code	WEB:	

Are you currently enrolled as a student at Alabama A&M University? Yes No If yes, ID # _____

I consent to a background check being performed. _____	
Signature	Date
Social Security No.: _____	Birthdate: _____

For Office Use Only:	mentorID	mentorCoID	sessionID
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