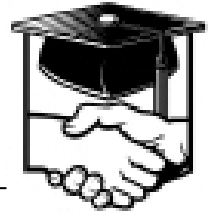




Eastern Illinois University
TRiO Student Support Services
Mentor Application



Name: _____ Date: _____

Title: _____ Department: _____

Office address: _____ Work phone: _____ Email: _____

Length of employment at EIU: _____ Supervisor's name: _____

Attach additional sheet if more space is needed.

Mentoring Information

Were you previously a TRiO mentor? [] No [] Yes If yes, when? _____

Are you willing to attend an initial two-hour training session? [] No [] Yes

Are you willing to meet with a TRiO student at least twice per month, including planned activities?

[] No [] Yes If no, explain: _____

Can you commit to participating in the TRiO Mentoring Program for a minimum of one year from the time you are matched with a mentee?

[] No [] Yes

Are you willing to communicate regularly and openly with TRiO staff, provide monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

[] No [] Yes

Explain why you want to be a mentor: _____

What outcomes do you want from this relationship? _____

List hobbies, qualities, special skills or other attributes you feel you have that would benefit a TRiO mentee: _____

Describe a situation in which you were involved with another student/adult and which demonstrates that you are a good listener, empathic, and that you promote the welfare of others: _____

What major (s) would you prefer to be matched with? _____

If you are fluent in another language, please list all: _____

T-Shirts are provided to those selected, what size do you require? S [] M [] L [] XL [] Other _____

I certify that the statements made in this application are true and correct, and are given voluntarily.

Applicant's Signature: _____ Date _____