Native American Cultural Center
North Star Peer Mentoring Program
Mentor Application

Name: ___________________________ DOB___________
Campus Address: ________________________________________
Phone: ________________ Email: _____________________
Home town and state: _____________________________________
Occupation/Title: ________________________________________
Primary responsibilities at Colorado State:

________________________________________________________________
Education
Colleges/Universities attended: Major/Minor:

________________________________________________________________

Hobbies and interests:

________________________________________________________________

Please answer the following questions to the best of your knowledge:
1. Why are you interested in becoming a mentor?

2. What training or information would you like to receive in order to be better prepared to serve as a mentor?

Matching Information:
I believe that I would be more successful with:
M____ F____ Either___ Traditional age____ Non-traditional age____
Ethnic background__________________________
Academic preparedness: High index___________ Low index___________
College/career interest area______________________________

No preference ______
Commitment:
One year commitment, Fall and Spring semester, to NACC North Star Peer Mentor Seminar (PY486). Oblige to all guidelines and requirements as specified in syllabus and notebook.
I understand and accept this opportunity.
Signed: ____________________________ Date: _______________