

Peer Mentoring Application

I am interested in being a _____Mentor_____Mentee. (check one)

**All first year students are required to be mentees*

Contact Information

Name _____

UofM Email _____

UID# _____Contact #(s)_____

Facebook_____Twitter _____
**Optional*

Instagram_____Blog _____
**Optional*

Additional Information

Major/ Minor _____

Classification _____

Gender _____

Hometown _____

Currently Residing (residence hall, off campus neighborhood)

Select all that apply

Activities or organizations I am involved in/interested in being involved in:

- | | |
|--------------------------------------|-----------------------------|
| _____Arts | _____Religious |
| _____Cultural | _____Representative Council |
| _____Greek (Fraternity and Sorority) | _____Service |
| _____Honorary | _____Special Interest |
| _____Political | _____Sports & Recreation |
| _____Academic/Professional | |

Questions

Describe Yourself: What activities do you engage in? favorite place your favorite things to do?

What are your career goals? Where do you see yourself 10 years from now?

What qualities do you desire from a mentor/mentee?

How do you **prefer** to be matched? (ex. academically, socially, etc.)

MENTOR/MENTEE ACTIVITIES AND INTERST

Place an **X** next to activities you enjoy. Leave items blank you have no interest in.

Recreation	Sports/Entertainment	Science/Technology
<input type="checkbox"/> Football	<input type="checkbox"/> Working on cars	<input type="checkbox"/> Enjoy nature
<input type="checkbox"/> Baseball	<input type="checkbox"/> Walking	<input type="checkbox"/> Animals
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hiking	<input type="checkbox"/> Gardening
<input type="checkbox"/> Bowling	<input type="checkbox"/> Fishing	<input type="checkbox"/> Rock climbing
<input type="checkbox"/> Go-karting	<input type="checkbox"/> Cooking	<input type="checkbox"/> Local travel
<input type="checkbox"/> Soccer	<input type="checkbox"/> Picnicking	<input type="checkbox"/> Taking things apart
<input type="checkbox"/> Ping Pong	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Astronomy
<input type="checkbox"/> Tennis	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Photography
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Rodeos	<input type="checkbox"/> Computers
<input type="checkbox"/> Roller skating	<input type="checkbox"/> Motorcycling	
<input type="checkbox"/> Wrestling	<input type="checkbox"/> 4 wheeling	
<input type="checkbox"/> Weightlifting	<input type="checkbox"/> Bike riding	Foreign languages you speak
<input type="checkbox"/> Swimming/diving	<input type="checkbox"/> Jogging/running	
<input type="checkbox"/> Auto racing	<input type="checkbox"/> Movies	
<input type="checkbox"/> Golf (regular/mini)	<input type="checkbox"/> Museums	
<input type="checkbox"/> Hockey	<input type="checkbox"/> Plays/acting	
<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Concerts	
<input type="checkbox"/> Archery	<input type="checkbox"/> Dancing	
<input type="checkbox"/> Frisbee	<input type="checkbox"/> Singing	
<input type="checkbox"/> Skiing (downhill, cross country)	<input type="checkbox"/> Model Cars	
<input type="checkbox"/> Sledding	<input type="checkbox"/> Board Games	
<input type="checkbox"/> Snowmobiling	<input type="checkbox"/> Playing cards	
<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Reading	
<input type="checkbox"/> Frisbee or disc golf	<input type="checkbox"/> Shopping	
<input type="checkbox"/> Martial arts	<input type="checkbox"/> Pool, pinball, foosball	

Arts and Crafts

- ___ Writing
- ___ Scrapbooking
- ___ Collect things
- ___ Drawing
- ___ Fashion/fashion design
- ___ Interior design
- ___ Painting
- ___ Carving
- ___ Singing
- ___ Woodworking
- ___ Musical instrument
- ___ Sewing
- ___ Crocheting
- ___ Quilting

OF ALL THE ITEMS ABOVE, PLEASE LIST YOUR TOP 5 CHOICES

1. _____
2. _____
3. _____
4. _____
5. _____