



Peer Mentor Application

Review the guidelines for the Peer Mentor Program and then complete the application. Applications can be submitted to Allison Bly in the Counseling Department (Building 1, First Floor).

Application Deadline: Ongoing

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|--|-------------------------------|
| NAME _____ | OHLONE ID# _____ |
| EMAIL ADDRESS _____ | |
| PHONE NUMBER _____ | CURRENT GPA _____ |
| MAJOR _____ # of UNITS COMPLETED AT OHLONE _____ | |
| FOR WHICH SEMESTER ARE YOU APPLYING? | |
| <input type="checkbox"/> SPRING/SUMMER | <input type="checkbox"/> FALL |

References: Please include the names and contact information for two people who are able to speak to your work ethic, attitude, leadership potential and communication skills.

| | |
|---------------------------|-----------------|
| NAME _____ | JOB TITLE _____ |
| RELATIONSHIP TO YOU _____ | |
| EMAIL _____ | PHONE _____ |

| | |
|---------------------------|-----------------|
| NAME _____ | JOB TITLE _____ |
| RELATIONSHIP TO YOU _____ | |
| EMAIL _____ | PHONE _____ |

Please use a separate sheet of paper to answer the following questions:

- 1) What aspects of the program inspired you to apply?
- 2) Describe any abilities, talents, or skills you have that will benefit you in the Peer Mentor Program.
- 3) What is the most important piece of advice that you would give to new students at Ohlone?