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?

☐ SPRING/SUMMER ☐ FALL
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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.

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NAME_____________________________ JOB TITLE ______________________

RELATIONSHIP TO YOU _____________________________________________

EMAIL _____________________________ PHONE ________________________

NAME_____________________________ JOB TITLE ______________________

RELATIONSHIP TO YOU _____________________________________________

EMAIL _____________________________ PHONE ________________________
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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?