



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: February 15, 2008

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?