Faculty of Health

Office of Student and Academic Services

Tel: 416 736 5299, Location: 019 HNES

PEER MENTORING
MENTOR APPLICATION
"Make a Healthy Connection"

MENTOR INFORMATION *(Please Print)*			
Name:			
Major:		**Degree: (BA, BSc, BHS, BScN)**	
York E-Mail:			
Personal E-Mail:			
Phone #:			
Student #:			

MENTOR PROFILE
(Please Print)

What College are you affiliated with?

What are your main interests, hobbies?

Are you a member of any York University clubs/organizations or participate in extra-curricular activities on or off campus? If yes, please list.

What services are you familiar with on campus? Which services have you used?

What is your preferred means of contact with your mentee(s) (Check all that apply).

☐ Telephone: ______ - ________ - ________

☐ Email: ____

******Please return completed form to 019 HNES by Tuesday October 21st, 2008******

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OFFICE USE ONLY:

MENTEE(S) ASSIGNED: ____

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ACADEMIC SESSION: ______________________________