



GUARDIANS MENTEE/STUDENT INFORMATION

Personal Information:

Name _____ Gender Male Female
 First Middle Last

Address _____
 Street City State ZIP

Home phone _____ Mobile phone _____

E-mail address _____ College/H.S. _____

Race/Ethnicity _____

College Counselor _____ Academic Advisor _____

If 17 years of age, parent's signature (required) _____

Parent's name (print) _____

Parent's phone number/email address _____

Questions:

1. Tell us about your personality and your interests.

2. Please tell us what you feel are your strengths and weaknesses?

3. Please describe your ideal mentor. What traits/characteristics would be most important to you in a mentor?

4. How do you hope to benefit from this mentorship program?

5. What are your career aspirations (area of criminal justice)?

6. Are any days/times specifically not good for you to meet and why?

7. Please list your interests, hobbies, activities, favorite classes, and any other comments you wish to include.

Thank you for taking the time to complete this application! We know that you will benefit from being involved and participating in the Guardians mentorship program.