



Sam Houston State University
FLASH - Freshman Learning About Sam Houston

Mentor Application

(Please type or print neatly)

Name: _____	SAM ID: _____
Campus Address: _____	Department: _____
Campus Phone #: _____	SHSU e-mail: _____
Permanent Address (optional): _____	City, State, Zip: _____
Other phone # (optional): _____	Gender: Male Female
The following information is requested for statistical/ demographic analysis and to assist us in making matches when a new student expresses a preference for a mentor.	
Were you a first generation college student? YES NO	Religious Affiliation: _____
Race/ethnicity: Asian Black Hispanic White Native American Other: _____	
What degrees do you hold? Degree _____	Field _____
	Degree _____ Field _____
	Degree _____ Field _____
Hobbies/ Interests:	_____
Describe your personality:	_____

Please be sure to complete the second page of this profile	

Statement of Intent

By signing this form, I agree to the following:

- 1) To attend an orientation workshop to get information about the mentor relationship, resources, and other information to assist new students and ask questions I may have. (To be held August 24, 2007, 10 a.m.)
- 2) To actively participate in the events and programs sponsored by the FLASH Mentoring Program.
- 3) To keep in regular contact or schedule appointments with my mentee during the academic year (suggested at least once per week, but minimally once every two weeks.)
- 4) To notify the Dean of Students' Office if I am not satisfied with my mentoring relationship.

Signature: _____ Date: _____

Please take a few minutes to answer the questions listed on this page. The answers provided will be used to match mentors and mentees effectively.

1. What do you see as the goal of your mentoring relationship?

2. Feel free to share any other information that may help us make an appropriate mentee match.

3. Do you prefer to receive information such as newsletters and reminders electronically (e-mail) or by hard copy form (paper)? Circle one. Electronically Hard Copy

** The information provided on this form is strictly confidential. The only people who have access to this information are your mentor and the mentoring staff office. All student files are secured at all times. Although we may not be able to accommodate all of your preferences, we strive to accommodate as many as possible.*

Return this from to:
FLASH Mentoring Program
Lowman Student Center, Suite 215
Box 2508 SHSU
Huntsville, TX 77340

If you have additional questions or comments, please feel free to forward them to the FLASH Mentoring Program via phone (936) 294-1785, via email doso@shsu.edu, or via fax (936)294-3961

For Office Use Only: Semester/ Year _____	
Date received _____	Date matched _____ Mentee: _____ Mentor: _____
Other/ Comments: _____	
