



GATOR TEENS MENTOR APPLICATION

Name: _____

Phone Number: _____ **Birthdate:** _____

Email Address: _____ **UFID:** _____

Classification: _____ **Major:** _____

Ethnic Background: White ___ African American ___ Asian ___

Hispanic ___ Native American ___ Other _____

Short Answer Questions:

Please answer the following questions on a separate paper and attach to your completed application. Your responses should be no longer than 2 pages double spaced.

- I. Discuss any prior experience you have had with either mentoring, tutoring, or working with children and how these experiences will be able to assist you in becoming a Gator Teen Mentor
- II. Describe yourself in 3 words. How will those qualities make you a good mentor?
- III. What do you hope to gain from this experience & what do you hope your mentees will gain?
- IV. Are you involved with other organizations? If so, how do you plan on balancing your commitment to Gator Teens with your other organizations?
- V. If you were stuck on a deserted island what 3 items would you take with you? Why?
- VI. Name your childhood dream job _____
- VII. Name your future career goal _____
- VIII. Please list 2 references _____

Please mark (*) in the time slots you are available to volunteer. Please keep in mind that you are required to be at the school 5 minutes before your scheduled time.

	TUESDAY	WEDNESDAY	THURSDAY
11:00am- 11:30pm			
11:30am-12:00n			
12:00n-12:30pm			
12:30p-1:00pm			
1:00pm-1:30pm			

*** PLEASE ALSO ATTACH A COPY OF YOUR U.F. SCHEDULE TO YOUR APPLICATION***

Will you be able to meet Tuesday or Wednesday evening for mentor meetings?

List and additional comments or concerns:

This **application is due** back to the Center for Leadership and Service in **Room 202 of Peabody Hall by 5:00pm on October 1, 2009**

For any additional questions feel free to contact Jenisha Parchment at
gator teens@leadershipandservice.ufl.edu
More information can be found on www.dso.ufl.edu/studentorgs/gator teens

THANK YOU AND GOOD LUCK!

I understand the interview process and timelines. I understand these requirements and responsibilities, and I agree to abide by them to the best of my abilities. My signature below authorizes an official check of my University records to ensure that I am a student in good academic and disciplinary standing.

Signature: _____ **Date:** _____