

## VTC Mentoring Program – Application for Mentees

### PERSONAL INFORMATION

<b>Full Name</b>	<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<b>Mailing Address</b>			
<b>Phone Number</b> <i>Where we can reach you</i>	X X X – X X X – X X X X	<b>Home</b>	<b>Cell</b>
<b>E-mail Address</b>			
<b>School Name</b>			
<b>Grade Level</b>		<b>Expected High School Graduation Year:</b>	
<b>Gender</b>	Female	Male	
<b>Race</b>		<b>Ethnicity</b>	
<b>Optional Information:</b>	<b>SSN</b>	X X X – X X – X X X X	<b>DOB</b>
			MM / D D / YYYY

### ABOUT YOU

<p><b>What career/job do you think you would like to do?</b> <b>Why?</b></p>	
<p><b>If you were on an island and you could only bring <u>three</u> things, what would you bring?</b></p>	
<p><b>If you had to say which of the four Greek elements (fire, water, earth, and stone) most closely matched your personality, what would you pick and why?</b></p>	
<p><b>Favorite Subject in School:</b></p>	

### Your Personal Goals

<p><b>What goals would you like to tackle with your mentor?</b> <i>For example: research project planning, foreign language practice, learning a new skill, improving study skills or tutoring, time management, etc.</i></p>	
<p><b>How often would you like to meet with your mentor?</b> <i>E.g., 1-2 times weekly, monthly, etc.</i></p>	
<p><b>Generally, what are the best times for you to meet?</b> Please specify days of the week, or times of day (afternoons after 3PM, etc.).</p>	

Do you prefer a mentor who is currently training (or has previously trained) in a particular area of study? Check ALL that apply.	Medicine
	Research in medicine
	Any kind of studies in science, math, engineering, or technology (STEM)
	Other; please specify: <input type="text"/>
Do you prefer a mentor who is a specific gender?	No Preference
	Female
	Male
Is English your first language?	No
	Yes
Do you speak any languages that are not English?	No
	Yes; please specify: <input type="text"/>
Please describe any hobbies or interests NOT related to school (clubs, sports, music, art, etc.):	<input type="text"/>

**APPLICATION AGREEMENT**

In completing this application to be a mentee, I certify to the best of my knowledge that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent forms, is grounds for dismissal from the mentoring program.

Signature	<input type="text"/>
Date	<input type="text"/>

**PARENT/LEGAL GUARDIAN PERMISSION**

Please provide the name and contact information for your parent or legal guardian:

Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>		
Relationship to Student	<input type="text"/>		
Phone	<input type="text"/>	E-mail	<input type="text"/>