

VOLUNTEER APPLICATION FORM



PEER MENTORING PROGRAM

Personal Details

Surname Given Name Preferred Name

Male Female **Student ID:** _____

Contact Information

Address (Street number & name)

City/Town Province Postal Code

Telephone E-mail address

Faculty: _____ Major: _____ Minor: _____

Year of study: _____ (i.e. 2nd) # of credits completed to date: _____

Other Information

Please explain why you are interested in volunteering with the mentoring program? _____

Please discuss any previous experience you have working with people or people living with disabilities.

Reference Information

Please list two references that would be able to confirm

1. _____
Name **Telephone Number** _____

2. _____
Name **Telephone Number** _____

Please submit your completed application to:

Emily Anderson
Coordinator for the Mentoring Program
smumentors@gmail.com
Office: 3rd floor Student Centre