

Blessing-Rieman College of Nursing
Peer Mentoring Program

Mentee Application Form

If you have questions about your application, please contact Student Services at 228-5520 ext. 6990 or email: sgeschwandner@brcn.edu. Once completed please return to Student Services.

Student Name _____ Phone _____
Current City and State _____

Would you prefer to be contacted by phone or email? _____

Please check the following to assist us in matching you to a mentee:

- | | | | |
|------------------------------------|--------------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> CSC | <input type="checkbox"/> Sophomore | <input type="checkbox"/> Single |
| <input type="checkbox"/> Male | <input type="checkbox"/> QU | <input type="checkbox"/> Junior | <input type="checkbox"/> Married |
| <input type="checkbox"/> Age _____ | <input type="checkbox"/> Advance Placement | | <input type="checkbox"/> Children |
| | <input type="checkbox"/> John Wood | | <input type="checkbox"/> Divorced |

Do you plan to work? Yes No

If so, when will you be working? Days Evenings Weekends

How many hours per week will you be working? _____

Where will you be working? _____

Hobbies/Interests:

Other aspects about yourself that would be helpful to know:

We will be in contact with you once a Mentor has been found. As always, if you have any questions please contact Student Services at ext. 6990 or email sgeschwandner@brcn.edu.