University of North Alabama Disability Support Service (DSS) Mentor Profile & Application

The Peer Mentor Program seeks a select group of Mentors trained to support one or more mentees. Mentors communicate and/or meet on a regular basis with mentees. Mentors assist mentees with:

- Providing personal support
- Understanding disability & accommodations in the college environment
- Managing college expectations

Contact Information

Name:	UNA ID:
Condition/Diagnosis:	
UNA email:	Phone number:
Local/campus address:	
Academic Information	Semester Classification: SO JR SR Grad
Anticipated Graduate Date:	Are you a transfer student? YES NO
Major:	Minor:
*Refer to Peer Mentor Progra Participation Goals & Prefer	
	qualities, and skills you feel you can bring to the
Academic Information Anticipated Graduate Date: Major: What is your cumulative GPA *Refer to Peer Mentor Progra Participation Goals & Prefer What do you hope to gain by p Please describe the strengths,	Semester Classification: SO JR SR Grad Are you a transfer student? YES NO Minor: A? (minimum 2.50 GPA required*) am guidelines rences Participating in the Peer Mentoring Program?

Would you be willing to mentor more than one mentee? YES NO
Comments:
Rank your preferences (1 through 4) of how you would like to be matched with a mentee: (1 being first preference and 4 being lowest preference)
Diagnosis/ConditionMajorGenderOtherOther Personal Information
Interests/Hobbies:
Campus groups or organizations in which you are involved?
Are you interested in opportunities to participate in disability awareness events (i.e., student panels)?
YES NO
Disclose & Confidentiality Agreement
I agree the information contained in my profile & application may be shared with my mentee(s). I agree not to share or disclose any information related to my mentees' condition/diagnosis with others, except as necessary with the Disability Support Services staff for purposes of managing the Peer Mentor Program and the Mentor/Mentee relationship.
I agree to actively communicate with my mentee(s) and with the Disability Support Services Staff.
Signature:
Print:
Date