

# Hilltop Mentors

## Hilltop Leadership Development

Student Life • St. Edward's University



### Mentor Profile and Application

Please fill out the following information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ SEU ID Number: \_\_\_\_\_

Please select the option that best describes you:  Staff  Faculty  Other

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Where do you work on campus? \_\_\_\_\_

Gender:  Male  Female  Self-Identified

Race:  Asian  Black  Hispanic  Native American  White

Other (please describe): \_\_\_\_\_

Do you have a religious affiliation? If so, please describe: \_\_\_\_\_

What degrees do you hold?

Degree: \_\_\_\_\_ Field: \_\_\_\_\_

Degree: \_\_\_\_\_ Field: \_\_\_\_\_

Degree: \_\_\_\_\_ Field: \_\_\_\_\_

Have you lived in any country other than the United States?  Yes  No

If yes, please list countries: \_\_\_\_\_

Please turn over...

**Please answer the following questions. Answers will be use to effectively match you with a mentee.**

1. What is your personality?

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2. What activities (interests) are/were you involved with that you feel might help you “connect” with a new freshman or transfer student?

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3. What would be your goal for the mentoring relationship?

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4. What do you hope to gain from participating in Hilltop Mentors?

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5. How many mentees do you feel comfortable mentoring at one time?     One     Two     Three

**Statement of Intent**

By signing and submitting this form, I agree to:

- Attend an orientation workshop and ask any question that I may have regarding the mentoring process, SEU resources, community resources and other information to assist new students.
- Maintain regular contact and to schedule appointments with my mentee for one full academic year. (Suggested at least once per week, minimally once every two weeks)
- Actively participate in events and programs sponsored by Hilltop Mentors.
- Notify Hilltop Mentors staff if I am not satisfied with my mentoring relationship.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Although we may not be able to accommodate all of your preferences, we strive to accommodate as many as possible. If you have additional comments or questions, please contact **Hilltop Mentors** at **512-448-8422** or **leslies@stedwards.edu**.

*Please note: the information provided on this form is strictly confidential. The only persons who have access to this information are your mentee and the Hilltop Mentors staff. All files are properly secured at all times.*