Name (First and Last):

Preferred Name:

Preferred Pronouns:

* she/her/hers/herself
* he/him/his/himself
* they/them/their/themselves
* Other:

BU ID#:

BU Email:

Cell Phone:

Current Year by Established Credits (e.g. Freshman, Sophomore, etc.): Anticipated Graduation Date:

Major/Minor:

GPA:

During the 2021-2022 Academic year, I will be living (Check One):

* On-Campus
* Off-Campus (Local)
* Off-Campus (Commuter)

What do you hope to gain by participating in the UDS Peer Mentor Program?

Describe the strengths, qualities, and skills that would make you a great peer mentor?

Would you be willing to mentor more than one mentee? YES NO List any additional skills that you would like considered:

What other commitments outside of your classes/studies do you participate in during the academic year? (ie: jobs, teams, extra-curricular activities etc.)

List two professional references and their contact information: 1.)

2.)

How would you prefer to contact your mentee(s)? (Check all that apply.)

 Phone

 Texting

 E-mail

 Zoom/Virtual

 Social media (e.g., Facebook, Twitter, Instagram etc.)

 In-person

Are you interested in opportunities to participate in disability awareness events (e.g. trainings)?

Yes No

**Disclosure Agreement**

1.) I understand the information contained in my application may be shared with my mentee(s).

2.) I agree not to share or disclose any information related to my mentees’ condition/diagnosis (if applicable) with others, except as necessary with the Program Coordinators for purposes of managing the Mentor/Mentee relationship.

3.) I agree to actively communicate with my mentee(s) and with the Program Coordinators.

4.) I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

My signature below indicates that I understand the mission, responsibilities, and expectations for the University Disability Services Peer Mentoring Program as outlined in the UDS Peer Mentor Job Description that has been provided to me and agree to meet these expectations. I also understand that failure to perform according to these terms may result in termination of employment as well as withholding of a positive reference.

Signature: Date: