

Mentee Profile & Application

2019-2020 Application

The Peer Mentor Program provides support and stability during the transition into the collegiate environment, offers opportunities to improve communication and advocacy skills, along with becoming acquainted with academic and personal resources on campus, cultivating a personal relationship with a peer(s) in the DRC program, gaining a better understanding of their disability in relation to the collegiate environment and developing a sense of belonging at Purdue and the community.

The Peer Mentor Program connects incoming students with disabilities with upper-class students with disabilities. Mentees communicate and/or meet on a regular basis with mentors. Mentors assist mentees with:

- Providing personal and academic support/resources
- Understanding disability and accommodations in the college environment
- Managing college expectations
- Attending campus events and activities

Contact Information

Name: _____ PUID: _____

Condition/Disability: _____

PU Email: _____ Phone Number: _____

Home Address: _____

Academic Information

Semester Classification: _____ (e.g., *soph.*, *grad.*, etc.)

Anticipated Graduation Date: _____

College: _____ Major: _____

Participation Goals and Preferences

What interests you about the Peer Mentor Program?

What are your main concerns as a new Purdue student with disability?

How would you like to be matched with a mentor?

- Disability/Condition Major No Preference

How often would you prefer to meet or be in contact with your Mentor?

- Weekly
 Every other week
 Other _____

How would you prefer to be contacted by your Mentor?

- Phone
 Texting
 E-mail
 Social media (e.g. Facebook, Twitter, GroupMe etc.)

Other Personal Information

Interests/Hobbies:

Campus activities, groups, or organizations in which you are interested?

Disclosure Agreement

- 1) *I understand the information contained in my profile and 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 DRC Staff for purposes of managing the Mentor/Mentee relationship.*
- 2) *I agree to actively communicate with my mentee(s) and with the DRC Staff.*
- 3) *I give permission for the DRC Staff to use any photographs I may be in for advertising of the program.*

Signature: _____ Date: _____