

1. Name: _____ Relationship: _____
Address: _____ Phone: _____
Number of years known: _____ Email (optional): _____

2. Name: _____ Relationship: _____
Address: _____ Phone: _____
Number of years known: _____ Email (optional): _____

Background Check:

As a part of the application process, we are required to screen our volunteer mentors. Please fill in the information below.

Name: _____ Date of Birth: _____ Gender: _____

Driver's License #: _____

Have you been convicted of a felony before? _____ If yes, please specify. _____

Have you ever changed your name? If yes, what was your pervious name? _____

What was your previous residential address?

Street Address Apt # City State Zip Code

Optional Demographic Survey

*For the purposes of making the best possible match, we would like to request the following information. **This is optional**, so please only provide this information to the extent that you feel comfortable. We are primarily interested in how you identify, especially if you would like to connect with a mentor of a similar identity.*

Race/Ethnicity: _____

Languages Spoken: _____

Gender Identity: _____

Sexual Orientation: _____

Religious Affiliation: _____

Age:

Do you claim other identities that you would like us to consider as we make matches?

Mail your application to:
Curtis Hall IV
G.E.M.S. Leadership & Mentoring Coordinator
Student Life and Leadership Development
700 East Seventh Street
Saint Paul, MN 55106
651.793.1550
gems.mentoring@metrostate.edu