



Men Advocates for Leadership, Excellence & Success (M.A.L.E.S.)

Mentor Application

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Mentor Application

INTRODUCTION

M.A.L.E.S.

504 College Drive,

Albany, GA 31705

Office

Student Center East Campus

Room 214

Telephone: (229) 500 - 3481

Fax: (229) 438-2782

DIRECTIONS: This application **must be typed**, and all information must be completed. All information obtained from this application form shall be held in strict confidence.

PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH: _____
First Last Int.

GENDER: _____ RAM ID: _____

ETHNICITY: _____ RELIGIOUS PREFERENCE: _____

GPA (CUMULATIVE): _____ MAJOR: _____ CLASSIFICATION: _____

If a first year freshman, please use high school GPA

First Generation Student (Parents did not attend college) Yes No

LOCAL MAILING ADDRESS:

_____ Street Apt Number
Number

_____ City State Zip

TELEPHONE: _____
Home Area Code Number Mobile Area Code Number

E-MAIL: _____

SOCIAL MEDIA INFO: _____

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GENERAL INTERESTS

Special Interest/Talents: _____

Mentor experience (if applicable): _____

What do you feel you can bring to the MALES mentorship program? _____

I need a mentor (check one) Yes No

*I want to be a mentor (check one) Yes No

AUTHORIZATION

I agree that the above information is true and accurate to the best of my knowledge and agree for its usage in MALES Mentors. I also understand my information will be used for review and selection into the MALES mentoring program.

Student's Signature

Date

NAME: _____
First Last Int.