CSCA Mentoring Program

Mentee Application

*Personal Information*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home/Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Employment Information*

Is this your first year as a school counselor? ( )Yes ( )No

If no, how many years have you been a school counselor? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

What campus are you currently counseling at? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What grade level do you currently work with *(place an x)*

( )Elementary ( ) Middle ( )High ( )Supervision/Guidance Director

Do you have experience working with other grade levels? If so, which one(s), *(place an x to all that apply)*

( )Elementary ( )Middle ( )High ( )Supervision/Guidance Director

In what grades do you have prior experience?

Have you ever served as a mentor or a mentee before? If so, how was your experience?

What is your preferred means of communication with your mentor?

*Additional Information*

Please list the specific area(s) within the comprehensive school counseling program you feel you need the most guidance. For example; classroom guidance, individual planning, individual counseling, group counseling, parent involvement, etc.

Please list any special interests/hobbies you have that may be helpful in matching you with a mentor.

Please describe your definition of a successful mentoring relationship.

Please write a brief statement on why you wish to participate in the CSCA Mentoring Program, including what you feel you could share with your mentee.

To help us make the most appropriate matches for our mentors and mentees, please indicate any preferences you have for your mentor. Although we may not be able to honor all requests/preferences, we will make every attempt to provide the best match to ensure a valuable and meaningful mentoring relationship.

Please place an x to all that apply:

* I prefer to work with a: ( )Male ( )Female ( )Either
* I prefer to work with a counselor in the following level:

( )Elementary ( )Middle ( )High ( )No preference

Thank you for your interest in the CSCA Mentoring Program. Please submit your application via email to:

Vasti Holstun

Mentoring Program Coordinator

vholstun@liberty.edu

Thank you,

CSCA Mentoring Program Committee