**\*All information provided on this form will remain confidential and will only be viewed by necessary USD Staff.**

UNIVERSITY DISABILITY SERVICES PEER MENTOR PROGRAM MENTEE APPLICATION

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 2022-2023 Academic year, I will be living (Check One):

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

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

In what way(s) do you hope to grow with the help of your mentor? (Check all that apply)

* Time management skills
* Study habits
* Making friends
* Getting involved on campus
* Navigating a new environment
* Understanding my accommodations and how to use them
* Getting connected with resources on campus
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What type of disclosure of your disability would you feel most comfortable? (Check all that apply.)

* I give full permission for UDS to share the information I provided about my disability with program participants as needed.
* I would prefer to share the information with program participants myself and would not like UDS to disclose the information I provided.
* I do not want to disclose the specifics of my disability type with any program participants.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* Phone
* Texting
* E-mail
* Zoom/Virtual
* Social media (e.g., Facebook, Twitter, Instagram etc.)
* In-person

**Disclosure Agreement**

1.) I understand the information contained in my application may be shared with my mentor.

2.) I agree not to share or disclose any information related to my mentor's condition/diagnosis with others, except as necessary with the Disability Support Lead or UDS Director for purposes of managing the Mentor/Mentee relationship.

3.) I agree to actively communicate with my mentor and with the Disability Support Leads.

4.)I certify that my answers are true and complete to the best of my knowledge.

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 Program Handbook 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 my participation in the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_