

Massage Therapy Mentor Application

General Information:

Name: (Last) _____ (First) _____ (Middle Initial) _____

Street Address _____ Apt No. _____

City _____ State _____ Zip Code _____

Student ID # _____ E-mail address _____

Telephone: Home (____)____-____ Business (____)____-____ Cell (____)____-____

Expected Level and time slot *next* semester (i.e., 2nd full-time, AM) _____

Questions:

Why do you want to be a mentor to an incoming student? _____

Please list other activities (if any) in which you are involved at the school: _____

Please list at least one instructor as reference: _____

What similar life experience would you bring to your mentoring role? _____

Please tell us your feelings on the school so far: _____

Are you willing to sacrifice some free time in your role as a mentor? _____

Student Signature: _____ Date Submitted: _____

APPLICANT - PLEASE DO NOT WRITE BELOW THIS LINE

GPA: _____ Teacher Evaluation: _____