



**INDIANA UNIVERSITY  
SOUTHEAST**

CENTER FOR MENTORING

CENTER FOR MENTORING  
**MENTOR INFORMATION SHEET**

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

Local Address: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

**Please indicate your status:**     Staff     Faculty     Alumnus

**Preferred days and times for mentee in person contact:**

Day: \_\_\_\_\_ Time (a.m. / p.m.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List career information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List hobbies, interest, activities:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Continue on the back)*

**Mark the activities you will agree to participate in as a mentor:**

- Contact student twice a month: One in person meeting, the second meeting by phone, e-mail, or written communication
- Phone contact communication
- E-mail communication
- Written communication
- Giving students the opportunity for job shadowing
- Attend activities with student
- Other: \_\_\_\_\_

**Provide student support in the following areas:**

- Career
- Academic
- Personal
- Support in all of the above
- Other: \_\_\_\_\_

**Which of the following roles do you anticipate serving in as a mentor? Mark all that apply:**

- Guide
- Advisor
- Supporter
- Advocate
- Teacher
- Active listener
- Other: \_\_\_\_\_

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University Center South Room 205 | Phone: (812) 941-2516 | [www.ius.edu/mentoring](http://www.ius.edu/mentoring)