

UCI LGBTQ Mentee Application

RETURN APPLICATIONS TO: Carolyn O'Keefe, Psy.D., Senior Staff Psychologist
UCI Counseling Center Student Services 1, Room 202, Irvine, CA 92697 or email to LGBT.mentors@uci.edu

Name: _____

Date: _____

E-mail: _____

Cell phone: (____) _____

(Though calls are always discrete, please note special concerns under "comments.")

UCI Student ID # _____

Campus

Address: _____

City

State

Zip

Permanent

Address: _____

City

State

Zip

UCI Affiliation: Undergraduate Student Graduate Student Other:

What is your year in school? _____ **Major(s)?** _____

Gender Identity: _____

Gender Pronoun: _____

Sexual Orientation/Identity: _____

Relationship Status: _____

Ethnicity: _____

Age: _____

International Student: Yes No If yes, country of origin: _____

Religion/Spirituality: _____

How influential, if at all, is your religion/spirituality in your life? _____

What do you hope to gain from the mentoring program?

How did you learn about the Mentoring Program?

Counseling Center website LGBT Resource Center website UCI Staff/Faculty
 Friend Current mentee Other: _____

What preferences, if any, do you have for a mentor (e.g., gender, sexual identity, age, ethnicity, etc.)?

(Please note that although we will try our best, we may not be able to accommodate all requests/ preferences.)

What is your involvement, if any, with lesbian, gay, bisexual, transgender, &/or queer communities?

- UCI Campus:
- In Orange County:
- Somewhere else:

Any additional comments:

For Office Use Only
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Paired with:

Mentor/mentee match date: