UCI LGBTQ Mentoring Program
MENTOR APPLICANT REFERENCE FORM

APPLICANT’S UCI AFFILIATION:  __ UNDERGRADUATE  __ GRADUATE STUDENT
__STAFF  __ FACULTY

(Applicant Name)

_________________________ has applied to be a volunteer mentor with the UCI LGBTQ Mentoring Program: a program sponsored by the Counseling Center. This program pairs LGBTQ students with more knowledgeable, self-accepting LGBTQ mentors. It strives to help students develop a positive LGBTQ identity.

Reference Name: ____________________________  Title/Employer: ____________________________

Phone Number: ____________________________  E-mail: ____________________________

How do you know the applicant? ____________________________

How long have you known the applicant? _________

Please rate the applicant on the following dimensions:

The applicant usually fulfills their commitments. They are reliable.

1  2  3  4  5
(strongly disagree)  (strongly agree)

Examples: __________________________________________
________________________________________________________________

The applicant has good interpersonal skills and can communicate effectively on a one-on-one basis.

1  2  3  4  5

I believe the applicant would conduct themself in a professional manner.

1  2  3  4  5

I am confident that the applicant has good interpersonal boundaries and therefore would not behave inappropriately with a student.

1  2  3  4  5

I have no reason to believe that the applicant would exploit a student in any way.

1  2  3  4  5
I believe the applicant would be a valuable mentor.

Why or why not? ______________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Is there anything else (positive or negative) about the applicant that would affect their ability to serve as a mentor?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

When would be the best time to reach you for additional information if needed?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

______________________________________________________________
Signature Date

Please send this reference form to Carolyn O’Keefe, Psy.D., UCI Counseling Center, Student Services I, Irvine, CA 92697 or fax to 949-824-6586.

For further information feel free to contact Dr. O’Keefe at cokeefe@uci.edu.

Thank you for your time and input!