

UCI LGBTQ Mentor Application

RETURN APPLICATIONS TO CAROLYN O'KEEFE, PSY.D.
UCI Counseling Center SS1, Rm 202, Irvine, CA 92697
or email to cokeefe@uci.edu

Name: _____ Date: _____

Home phone: (____)_____ Cell phone: (____)_____

UCI I.D. _____

Address:

City State Zip

Age: _____ Email address: _____

UCI Affiliation:

Department/Major _____

____ Staff _____ Faculty

____ Graduate Student _____ Undergraduate Student

If you are a UCI student, what is your year in school and major? _____

Gender Identity: _____

Sexual Orientation: _____

Relationship Status: _____

Ethnicity: _____

International Student: ___yes___ no If yes, what is your country of origin: _____

Religion/Spirituality: _____

Please list two references: Please obtain the "Mentor Applicant reference form" and give it to your references. Have your references send the form directly to Carolyn O'Keefe, Psy.D. SS1, Room 202, Irvine, CA 92697 or fax to 949-824-6586.

	Name	Title	Phone	Email	Relationship to you?
1.					
2.					

Why do you want to be a mentor?

What past experiences qualify you to mentor others *(Please describe any relevant work or volunteer experiences you have had. Note readings you have done or groups, workshops, courses or activities you have attended etc.)*.

What personal qualities do you possess that would help you mentor others?

Disclaimer: If you are staff or faculty, volunteering to be a mentor in the program, you are not acting in the course or scope of your employment while participating in the program.

Your signature below indicates that you understand this.

Signature

Date