

R.O.A.R. PEER MENTOR INFORMATION

Information provided in this request will be treated as confidential information. It is important you respond to all the questions as best you can. If you need assistance, please seek help from the DSS staff.

Name	Student ID		
Rising Classification (select one):	Sophomore	Junior	Senior
Anticipated Graduation Date			
Residing on Campus	Residing off Campus		
Major & College			
Registered Units:			
Are you currently employed? YES _	NO	_	
Lion Email	Personal Email		
Cell Phone	Birthdate		
What is the nature of the impairments apply.	for which you ar	e receiving D	OSS services? Check all that
Learning Disability		ADD or	ADHD
Hearing Impairment		Visual In	npairment
Physical Limitation		Psychiat	ric Disorder
Other (please specify)			

As a student with a disability, what concerns did you have with attending college?

What do you wish you were more knowledgeable about as a new student at LMU?

What do you hope to gain by participating in the R.O.A.R. Peer Mentor Program?

Why are you interested in having a peer mentee?

Please describe the strengths, qualities, and skills you feel you can bring to the program.

Would you be willing to mentor more than one mentee: (select one) Yes No

Other Information

What clubs/activities do you actively participate in at LMU?

What are your current interests/hobbies outside of school?

What is an interesting fact you would like to share about yourself?

Disclosure Agreement

- 1) I understand the information contained in my profile and application may be shared with my mentee (s). I agree to not disclose or share any information related to my mentees' condition/diagnosis (if applicable) with others, except as necessary with DSS staff for purposes of managing the mentor/mentee relationship.
- 2) I agree to actively communicate with my mentee(s) and with DSS staff.

Signature

Date

Thank you for completing your application If you have any questions, please contact our office at 310-338-4216.