

Mentee Application Form

Name: _____

Date: _____

Address: _____

Phone #: _____

E-mail: _____

Date of Birth: _____

Age: _____ *must be 18 or older*

Gender Identity: _____

Year in School: _____

Sexual/Affectional Orientation (To whom you are most emotionally and/or sexually attracted to):

Male ___ Female ___ Both ___

Ethnicity:

___ African/African-American ___ Asian/Asian-American

___ Middle Eastern ___ European American/Caucasian

___ Latino/Latina ___ American/Native Indian

___ Bi- or Multi-ethnic (please specify) _____

___ Other _____

International Student: yes ___ no ___ Country of Origin: _____

Legal Status:

___ Never Married

___ Separated

___ Married (Opposite sex)

___ Divorced

Relationship Status:

___ Same-sex relationship

___ Opposite sex relationship

___ None

___ Transgendered

Religious/Spiritual Ideology (if any): _____

What brings you to the Mentoring Program? _____

How did you hear about the Mentoring Program? _____

What involvement, if any, do you have with the LGBT community?

Know someone gay ___ Campus Organization ___ Same-gender relationship ___

The LGBT Resource Center ___ Discussion Group ___ Clubs/Bars ___

Other _____ No Involvement ___

**Please Return to LGBT Student Resource Center
101 Boucke Building
Pennsylvania State University
863-1248**