



SOAR PROFESSIONAL MENTOR APPLICATION

Last Name		First Name		Middle		Preferred Name	
Date of Birth (MM/DD) ____/____		Sex	Ethnicity (Optional)		T-Shirt Size: ~S ~M ~L ~ XL ~XXL ~XXXL ~Other_ _____		
Title Department							
Campus Box		Office Physical Location			Office Hours		
Campus/Professional E-mail				Secondary E-mail			
Campus/Local Phone ()		Mobile Phone (Optional) ()					

PERSONALITY QUESTIONNAIRE

I consider myself to be an:
 ~ Introvert (keep to myself, energy comes from within)
 ~ Extravert (outgoing, energized from being around others)

Favorite Books 1. 2. 3.	Favorite Television Shows/Movies 1. 2. 3.
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Favorite Foods 1. 2. 3.	Hobbies 1. 2. 3.
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Music Interests (Genre or favorite artists): 1. 2. 3.	Sports Interests 1. ~ I watch ~ I play 2. ~ I watch ~ I play 3. ~ I watch ~ I play
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What else do you do in your spare time?

What are your academic strengths/ areas of expertise?

What would you like to gain from participating in the SOAR program?