Mentor Application
York University
Learning Disabilities Program

Your Name ____________________________________________

Your E-mail ______________________________

Company Name ___________________________

Street Address __________________________________ Suite ___________

City ______________________ Province _________

Postal Code __________

Phone Number (___) ____-_______

Fax (___) ____-_______

Job Title ____________________________

Job Description and Duties:

Extra-Curricular Interests

Why are you interested in becoming a mentor to a university student with a learning disability?

Describe yourself. Please provide information which would help students decide if you are a good mentorship match.
Please list 3 references, along with phone numbers, indicating your relationship to the reference.

1.

2.

3.