

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.
