



going forward ... giving back



Muhlenberg College Athlete Mentorship Program Alumni Registration Form

Name: _____ Graduation Year: _____

Preferred Address: _____

Preferred Phone: _____ Please circle: Home Work School

Email: _____ My next planned visit to Muhlenberg is: _____

College Sport(s): _____

Employer or Graduate/Professional School and location: _____

Briefly describe your current position: _____

Please describe characteristics of your mentee that would be important to you: _____

Please describe characteristics of your mentor that would be important to you: _____

I understand that by pursuing a mentee through this program, I agree to take responsibility for contacting my mentee on a regular basis and responding when my mentee makes contact with me. Further, I understand that my role is to ask provocative questions and offer insights from my experience. If I think my mentee needs counseling, I will refer him/her back to the program organizers.

Signature

Date

Please return this form with a copy of your resume to: Julie Ambrose, Senior Year Experience Director, Muhlenberg College, 2400 Chew Street, Allentown, PA 18104 or Fax (484) 664-3680 or submit it through the online form at www.muhlenberg.edu/sye/mentorship.html.

For more information about the Athlete Mentorship Program contact: The Senior Year Experience, sye@muhlenberg.edu.