Muhlenberg College Athlete Mentorship Program
Registration Form

Name: _______________________________  Graduation Year: _________________

Permanent Address: ______________________________________________________

Permanent Phone: ______________________________________________________

Campus Phone: __________________________ Email: _________________________

Sport(s): ______________________________________________________________

Career Goals: ____________________________________________________________

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

____________________________________________________________________

____________________________________________________________________

Rising seniors: describe characteristics of your mentees that would be important to you: _____________

____________________________________________________________________

____________________________________________________________________

I understand that by pursuing a mentor and/or mentee through this program, I agree to take responsibility for contacting my mentor/mentee on a regular basis and responding when my mentor/mentee makes contact with me. Further, seniors understand that as part of their culminating year at Muhlenberg College, they will serve as a mentor to two student athletes.

____________________________________________________________________

Signature _______________________________  Date __________________________

Next, send a resume and a completed Registration Form to Julie Ambrose, Senior Year Experience Director. The form is also available on the SYE website at www.muhlenberg.edu/sye/mentorship.html

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