Oakland University
Gender & Sexuality Center
Queer Peers Mentee Application Form

Name: __________________________ Date: __________________________

Address: __________________________ Phone: __________________________

E-mail: __________________________

Age: __________________________ *(must be 18 or older)*

Year in School/Academic level: __________________________

Major: __________________________

International Student: Yes __________________________ No __________________________

Country of Origin: __________________________

How do you identify? *(Circle as many or as few as you wish!)*

Female __________________________ MTF __________________________ Male __________________________

FTM __________________________ Intersex __________________________ Genderqueer __________________________

Lesbian __________________________ Gay __________________________ Bisexual __________________________

Straight __________________________ Queer __________________________ ally __________________________

Other: __________________________

Ethnicity:

African/African-American __________________________ Asian/Asian-American __________________________

Middle Eastern __________________________ European American/Caucasian __________________________

Latino/Latina __________________________ American/Native Indian __________________________

Bi- or Multi-ethnic (please specify) __________________________

Other __________________________

Why are you interested in the LGBT Peer Mentoring Program?

How did you hear about the LGBT Peer Mentoring Program?

What involvement, if any, do you have with the LGBTQA community? *(Circle all that apply)*

S.A.F.E. On Campus __________________________ On-Campus Organization __________________________

The Gender & Sexuality Center __________________________ Discussion Group __________________________

Off-Campus Organization __________________________ Clubs/Bars __________________________

No Involvement __________________________ Other __________________________

Please provide two references we may contact about you *(limit to 1 family member):*

1. Name: __________________________ Relationship: __________________________

   Phone: __________________________ Email: __________________________

2. Name: __________________________ Relationship: __________________________

   Phone: __________________________ Email: __________________________
Please read and initial each of the following:

____ I agree to follow all mentoring program guidelines and understand that any violation may result in suspension and/or termination of the mentoring relationship.

____ I understand that the Gender & Sexuality Center is not obligated to provide a reason for their decision in accepting or rejecting me as a mentor.

____ (optional) I agree to allow the Gender & Sexuality Center to use any photographic image of me taken while participating in the mentoring program. These images may be used in promotions or other related marketing materials.

Please return to Grace Wojcik
Gender & Sexuality Center
gawojcik@oakland.edu