UNIVERSITY of LIMERICK
OLLSCOIL LUIMNIGH

Mature Student Peer Mentoring Programme
Mentor Application Form

Section 1

Name _____ **Student ID Number** _____

Email Address _____

Course Code LM_____ **Course Title** _____

Current Year of Study *(please tick)*

1st Year ☐ **2nd Year** ☐ **3rd Year** ☐

Contact Number _____

Section 2

Have you ever been involved in any voluntary organisation or mentoring programme within the University or elsewhere?

Yes ☐

No ☐

If **Yes**, please give brief details of your experience

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Why would you like to become a Mature Student Peer Mentor?

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What qualities do you have that would make you a successful peer mentor?

What are your hobbies / interests?

Are you prepared to attend a half day training session at the end of the semester as preparation for this volunteering opportunity?

Yes ☐ No ☐

Are you interested in linking this volunteering opportunity in with the Presidents Volunteer Award (PVA) for 2016/17?

Yes ☐ No ☐