UCI LGBTQ Mentoring Program
MENTOR APPLICANT REFERENCE FORM

APPLICANT'S UCI AFFILIATION: __ UNDERGRADUATE __ GRADUATE STUDENT __STAFF __ FACULTY

(Applicant Name)

_____ has applied to be a volunteer mentor with the UCI LGBTQ Mentoring Program: a program sponsored by the Counseling Center. This program pairs LGBTQ students with more knowledgeable, self-accepting LGBTQ mentors. It strives to help students develop a positive LGBTQ identity.

Reference Name: _____ Title/Employer: _____

Phone Number: _____ E-mail: _____

How do you know the applicant? _____

How long have you known the applicant? _____

Please rate the applicant on the following dimensions:

The applicant usually fulfills their commitments. They are reliable.

1 2 3 4 5
(strongly disagree) (strongly agree)

Examples: _____

_____

The applicant has good interpersonal skills and can communicate effectively on a one-on-one basis.

1 2 3 4 5

I believe the applicant would conduct themself in a professional manner.

1 2 3 4 5

I am confident that the applicant has good interpersonal boundaries and therefore would not behave inappropriately with a student.

1 2 3 4 5

I have no reason to believe that the applicant would exploit a student in any way.

1 2 3 4 5

I believe the applicant would be a valuable mentor.

1 2 3 4 5

Why or why not? _____

_____

_____

Is there anything else (positive or negative) about the applicant that would affect their ability to serve as a mentor?

_____

_____

_____

When would be the best time to reach you for additional information if needed?

_____

_____

Signature Date

Please send this reference form to Carolyn O'Keefe, Psy.D., UCI Counseling Center, Student Services I, Irvine, CA 92697 or fax to 949-824-6586.

For further information feel free to contact Dr. O'Keefe at cokeefe@uci.edu.

Thank you for your time and input!