

Please complete the application and return to the Student Engagement Office BH 155, or scan and email to [student-engagement@fvcc.edu](mailto:student-engagement@fvcc.edu).

### Contact Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Career Interests

Current Major: \_\_\_\_\_

Which of these best describes what field you want to go into?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Accounting            | <input type="checkbox"/> Agriculture           | <input type="checkbox"/> Architecture      | <input type="checkbox"/> Art               |
| <input type="checkbox"/> Aviation              | <input type="checkbox"/> Biological Sciences   | <input type="checkbox"/> Business          | <input type="checkbox"/> Broadcasting      |
| <input type="checkbox"/> Chemistry             | <input type="checkbox"/> Communications        | <input type="checkbox"/> IT                | <input type="checkbox"/> Construction      |
| <input type="checkbox"/> Counseling            | <input type="checkbox"/> Criminal Justice      | <input type="checkbox"/> Dental Health     | <input type="checkbox"/> Economics         |
| <input type="checkbox"/> Education             | <input type="checkbox"/> Electronics           | <input type="checkbox"/> Engineering Civil | <input type="checkbox"/> Eng. Electric     |
| <input type="checkbox"/> Eng. Mechanical       | <input type="checkbox"/> Environmental Studies | <input type="checkbox"/> Fashion           | <input type="checkbox"/> Finance           |
| <input type="checkbox"/> General Science       | <input type="checkbox"/> Health Related        | <input type="checkbox"/> Historian         | <input type="checkbox"/> Information Tech. |
| <input type="checkbox"/> Journalism            | <input type="checkbox"/> Legal Services/Law    | <input type="checkbox"/> Marketing         | <input type="checkbox"/> Management        |
| <input type="checkbox"/> Mathematics           | <input type="checkbox"/> Medical Tech.         | <input type="checkbox"/> Nursing           | <input type="checkbox"/> Performance Arts  |
| <input type="checkbox"/> Physics               | <input type="checkbox"/> Politics              | <input type="checkbox"/> Production        | <input type="checkbox"/> Psychology        |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> PR/Advertising        | <input type="checkbox"/> Religious Leader  | <input type="checkbox"/> Sociology         |
| <input type="checkbox"/> Transportation        | <input type="checkbox"/> Travel/Tourism        | <input type="checkbox"/> Veterinarian      | <input type="checkbox"/> Other _____       |

### Additional Information

Why do you want to have a Community Mentor? \_\_\_\_\_

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**What kind of skills/resources are you looking to develop through the Community Mentor Program?**

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