

Glendale Community College Nursing Department Buddy Mentor Program

Requesting a mentor

Volunteering as a mentor

First Name:	Last Name:
Program: Day, Weekend, Hybrid, HS Cohort, Banner	Block:
Phone Number:	Email:
Preferred Contact Method:	
In Person	EMAIL
Phone	

To facilitate the mentoring relationship, the above information will be shared. Please understand that all information must remain confidential and used only for mentoring.

Objectives for the Buddy Mentor Program are:

- Support and encourage nursing students
- Provide critical program information for student success
- Share studying strategies

I agree to support the objectives of the Block Buddy Program and the terms of confidentiality as stated above:

Print Name: _____ **Signature:** _____

Date: _____

* Return form to Trini Sandoval CCS102 or a GASN representative.

