



THE UNIVERSITY OF
SCRANTON
A JESUIT UNIVERSITY



Women Open Doors Mentoring Program

LAST NAME: _____ FIRST NAME: _____

HIGH SCHOOL: _____

HOME ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

HOME PHONE: () _____ CELL PHONE: () _____

EMAIL: _____

We would like to get a better sense of your interests so we may best match you with a mentor. Please rate the following according to your level of interest:

	Strongly Dislike	Dislike	Neutral	Like	Strongly Like
Acting					
Arts and Crafts					
Baking					
Bowling					
Cheerleading					
Cooking					
Cosmetics					
Dancing					
Drawing					
Exercising					
Fashion					
Going to concerts					
Horseback riding					
Knitting/sewing					
Listening to music					
Making jewelry					
Painting					
Playing a musical instrument					
Playing board games					
Playing computer/video games					
Playing pool					

	Strongly Dislike	Dislike	Neutral	Like	Strongly Like
Playing sports					
Reading					
Rock climbing					
Singing					
Skateboarding					
Skiing					
Snowboarding					
Taking photographs					
Traveling					
Volunteering					
Watching movies					
Watching television					
Writing					
Yoga					

What would you like to learn from your college mentor?

How would you prefer to be contacted by your mentor?

Email

Home phone

Cell phone

What time of day would be the best time for your mentor to contact you?

Thanks so much for your interest in the *Women Open Doors* Mentoring Program. We look forward to working with you!