

### Mentor Enrollment Profile

Name: \_\_\_\_\_ Class year: \_\_\_\_\_

College (if not Manhattan): \_\_\_\_\_

Home address: \_\_\_\_\_ Major/Degree: \_\_\_\_\_

\_\_\_\_\_ Phone (home): \_\_\_\_\_

\_\_\_\_\_ E-mail (home): \_\_\_\_\_

Company: \_\_\_\_\_ Phone (work): \_\_\_\_\_

Business address: \_\_\_\_\_ E-mail (work): \_\_\_\_\_

\_\_\_\_\_ Occupation: \_\_\_\_\_

\_\_\_\_\_ Position/Title: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Your responsibilities: \_\_\_\_\_

\_\_\_\_\_

Previous professions or areas of expertise: \_\_\_\_\_

\_\_\_\_\_

Other degrees: \_\_\_\_\_

I may be contacted:  at home,  at work  
(please list appropriate times): \_\_\_\_\_ a.m. \_\_\_\_\_ p.m.

(please list frequency):  weekly,  monthly,  quarterly,  anytime

I am also interested in:

- Participating in workshops, panels or small group presentations
- Offering student internships
- Full, part-time or summer job referrals
- Having Manhattan College contact (name, phone # & email)

Comments of concerns: \_\_\_\_\_

\_\_\_\_\_

#### **THANK YOU FOR YOUR SUPPORT!**

Please return this form to:

Career Services

Manhattan College

4513 Manhattan College Parkway

Riverdale, NY 10471

Or fax to: (718) 862-7483