



ENHANCE

THE ENHANCE PROGRAM AT RAMAPO COLLEGE

www.ramapo.edu/enhance

PEER MENTOR APPLICATION

STUDENT INFORMATION		
Full Name (First, MI, Last)		Ramapo Email:
Date of Birth:		Age:
Ramapo R Number:		Cell Phone:
Campus Address (if applicable):		
Permanent Address:		
Major:	Graduation Year:	Current GPA:

Please answer the following questions:
Why do you want to become a Peer Mentor for ENHANCE?: <hr/> <hr/> <hr/>
Please list any experience working with individuals on the Autism Spectrum: <hr/> <hr/> <hr/>
Please list any experience working with individuals with disabilities: <hr/> <hr/> <hr/>
Please list any relevant workshops or academic trainings/classes: <hr/> <hr/> <hr/>



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Please answer the following questions (cont'd):

Please list extra-curricular activities and any leadership positions you hold:

Please list any community service experience:

PERSONAL REFERENCES

Please provide the names and contact information for two (2) RCNJ Faculty/Staff members who can provide a reference for you:

Reference #1)

Name/Email _____

Reference #2)

Name/Email _____

Return application and anticipated class schedule along with any other scheduled meetings or practices to:

ENHANCE Program
Suzanne Calgi, LCSW
Counseling Center, Rm. D-216
enhance@ramapo.edu
201-684-7522