

**UWG Project WOLVES
Peer Mentor Intake Form**

Name: _____

Age: _____

Major: _____

UWG E-mail: _____

Best contact number: _____

Anticipated graduation date (semester and year): _____

How you heard about Project WOLVES: _____

Why you are interested in being a peer mentor: _____

Hours per week you are interested in volunteering (1-3, 3-5, 5+): _____

**UWG Project WOLVES
Peer Mentor Intake Form**

Experience with people with disabilities: _____

Favorite movie(s): _____

Favorite TV show(s): _____

Favorite books/magazines/comic books: _____

Music you like: _____

UWG clubs you are in (if any): _____

Favorite thing about UWG: _____

**UWG Project WOLVES
Peer Mentor Intake Form**

Sports teams you cheer for: _____

Hobbies/Interests: _____

Anything else you think we should know?: _____
