

LIBERTY UNIVERSITY

OFFICE *of* COMMUNITY LIFE

MENTORING INTAKE FORM

Please complete this form and e-mail to the Office of Community Life at communitylife@liberty.edu.

Student Name _____ Student ID _____

Phone _____ E-mail _____

In what area(s) do you wish to be mentored? (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Biblical Community | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Communication: Conflict Resolution | <input type="checkbox"/> Mindful Identity |
| <input type="checkbox"/> Cultural Intelligence | <input type="checkbox"/> Post-Pandemic Life Skills |
| <input type="checkbox"/> Family of Origin | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Singleness and Dating |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Thriving at College |
| <input type="checkbox"/> Godly Living | <input type="checkbox"/> Vocational Stewardship |
| <input type="checkbox"/> Leadership | |

Requested Associate Director:

Once your request for mentorship is received, an Associate Director of Community Life will contact you.

Disclaimer: If incidents that are in violation of *The Liberty Way* student honor code are disclosed during the mentorship process, the Office of Community Life will follow the Community Standards process as outlined in *The Liberty Way*.