

Application for NIRSA Mentor Program

Name: _____

Region: _____

Email address: _____

Institution: _____

Professional Student

Is your institution a NIRSA Institutional Member? Yes No Not sure

Are you a NIRSA Member?: Yes No

Position at your institution: _____

Area(s) of interest/expertise (Pick no more than three, ranking 1-3 in order of interest):

___ Facilities

___ Sports Clubs

___ Aquatics

___ Fitness/Wellness

___ Member Services

___ Instructional Programming

___ Intramurals

___ Outdoor Recreation

___ Marketing and Development

___ Resume Development

___ Interviewing

___ Leadership

Students Only: Would you be willing to participate in an educational session on this program at the 2008 Annual Conference in Austin?

Yes No Maybe

Please email your application to Diane Sylofski,
National Student Representative, at
dsylofski2@unl.edu.

Or mail application to: Diane Sylofski, 55 CREC,
University of Nebraska-Lincoln, PO Box 880232,
Lincoln, NE 68588-0232