

# GAY, LESBIAN, BISEXUAL, TRANSGENDER FACULTY/STAFF HOST PROGRAM

## Contact Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Campus Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Campus Zip: \_\_\_\_\_

Extension: \_\_\_\_\_ AU Hire Date: \_\_\_\_\_

I am interested in:  being matched with a host  being a host

## Personal Information:

Gender Identity: \_\_\_\_\_ Race/ethnicity: \_\_\_\_\_

Tell us a little about your academic/career history: \_\_\_\_\_  
\_\_\_\_\_

What are your academic/career interests? \_\_\_\_\_  
\_\_\_\_\_

What campus activities are you/would you like to be involved in? \_\_\_\_\_  
\_\_\_\_\_

## Matching Information:

What are your expectations of participating in the program and what do you hope to gain from it?  
\_\_\_\_\_  
\_\_\_\_\_

What experience/knowledge do you have that you would like to share with/learn from another staff or faculty member? \_\_\_\_\_  
\_\_\_\_\_

If a mentee, are you new to the DC area? If a mentor, are you willing to share knowledge about the DC area? \_\_\_\_\_

Is there any other information about you that you would like us to consider in creating a Host Program match? \_\_\_\_\_  
\_\_\_\_\_

If you are signing up to be a host, are you willing to be a host to more than one new faculty or staff member?  No  Yes—How many? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for participating in the Gay, Lesbian, Bisexual, Transgender Faculty/Staff Host Program! Please drop off or return by campus mail to MGC 201, or fax to x1883. If you have any questions, feel free to call Mindy Michels at x3372.**