



SERVING THE BUSINESS COMMUNITY SINCE 1889

Mentee Application

2009 Mentorship Program

Personal Information:

Name:		Date:	
Address:			
Business Phone:		Cell Phone:	
Email Address:			

Preferred Method of Communication: _____ Email _____ Phone

Career Information:

Current Employer:	<input type="text"/>	Title:	<input type="text"/>	Industry:	<input type="text"/>
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Describe your current position:

Total years of industry/professional experience: __ 0-3 years __ 4-6 years __ 7-10 years __ 10+ years

Highest level of education completed: _____

What are you looking to obtain from a mentoring relationship?

Where do you see yourself in 12 months?

How can your mentor help you with that vision?

What characteristics are you seeking in a mentor?

Please list your hobbies & interests:

Are there any circumstances or scheduling conflicts that would prevent you from completing the program requirements?

Mentor Preferences: (Characteristics that you would prefer in your mentor)

Gender Preference: _____ Male _____ Female _____ No Preference

Do you have a particular business professional that you would like as your mentor?

Signature

Application Requirements and Process

1. Mail or deliver application and assessment forms to the Chamber office.
3. Your application will be assessed and a mentor will be assigned.
4. You will be contacted by the mentor.