MENTOR APPLICATION



Name:	 	
Title:	 	
Campus Address:	 	
Campus Phone Number:	 	
Campus Email:	 	

Part I: Please complete all sections of this form in order that the mentoring committee can learn as much about your background as possible. This information will be used only to pair you with suitable mentee.

- 1. Current job role and responsibilities?
- 2. How long have you worked in your current job? How long have you worked at the College?
- 3. Why do you want to be a mentor?
- 4. Knowledge, skills, and abilities required to perform your job (Check those that apply)

lnfluence	Strategic Thinking	Planning & Organization
Leadership	Adaptability	Coach & Develop Others
Oral Communication	Problem Solving	Written Communication
Customer Service	Stress Tolerance	Teamwork
Interpersonal Skills	Decision Making	Change Management
Delegation	Others ()	
Technical Knowledge: (list	areas below):	

- 5. What knowledge, skills, or abilities do you believe you excel at: (List from above)?
- 6. Educational background (degree(s), school(s) when graduated).



- 7. Divisions/departments/functions other than yours that you interact/work with.
- 8. Hobbies and interests.

Part II: Please answer the following questions as completely as possible. This information will be used only to pair you with a suitable mentee.

- 9. What do you hope to gain by being a mentor?
- 10. What are you looking for in your ideal mentee? What abilities, skills, personality characteristics, and knowledge areas would he or she have?
- 11. What are you hoping you can provide to your mentee? In what ways or areas can you help him or her the most?
- 12. What do you foresee as the major obstacles you will encounter in providing quality mentoring (e.g., time, availability, location, work schedule?)

Return applications to: Michelle Benin BEB - Room 120