

# MENTEE APPLICATION



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

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

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

Campus Phone Number: \_\_\_\_\_

Campus Email: \_\_\_\_\_

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**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 mentor.**

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 are your 3-year career goals? 5 years? 10 years?
4. What knowledge, skills, or abilities do you believe you excel at? (check those that apply)

<input type="checkbox"/> Influence	<input type="checkbox"/> Strategic Thinking	<input type="checkbox"/> Planning & Organization
<input type="checkbox"/> Leadership	<input type="checkbox"/> Adaptability	<input type="checkbox"/> Coach & Develop Others
<input type="checkbox"/> Oral Communication	<input type="checkbox"/> Problem Solving	<input type="checkbox"/> Written Communication
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Stress Tolerance	<input type="checkbox"/> Teamwork
<input type="checkbox"/> Interpersonal Skills	<input type="checkbox"/> Decision Making	<input type="checkbox"/> Change Management
<input type="checkbox"/> Delegation	<input type="checkbox"/> Others (_____)	
<input type="checkbox"/> Technical Knowledge: (list areas below):		
5. What knowledge, skills, or abilities do you believe you need further development in to reach your career goals?

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6. Educational background (degree(s), school(s) when graduated).

7. 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 mentor.***

8. What do you hope to gain by having a mentor?

9. What activities are you expecting your mentor to undertake in your development?

10. What abilities, skills, personality characteristics, and knowledge areas do you want your mentor to have?

11. In what ways can you help or provide value to your mentor?

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**