

**MWA Council for Office Professionals**  
Location Support / Mentoring Program Application

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**I am interested in helping with:**

**Location Support**

**New Secretary Mentoring**

*Areas of Expertise / Skill:*

Travel

Correspondence

Time & Attendance

Purchasing / CATS / PCMS

ARMPS

RPES

ARIS

Personnel

AIMS

ARS Overview

\_\_\_\_\_

Estimate how much time would you be able to devote per week: \_\_\_\_\_

*An average of one hour per week is recommended.*

Are you willing to travel?  Yes  No

*Travel is not always necessary.*

Remarks / Comments / Suggestions

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Send to:

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