MENTORING PROGRAM
MENTOR REGISTRATION FORM

NAME:

JOB TITLE AND GRADE:

JOB SERIES:

ORGANIZATIONAL UNIT:

BUILDING/ROOM NUMBER:

MAILING ADDRESS:

TELEPHONE:

FIRST ARS JOB:

YEARS AT ARS

1. Please write a few sentences about your own career history, where you started and where you are now.

2. What personal experiences, skills, values, or knowledge would you particularly like to pass on to a Mentee?

3. Why do you want to be a Mentor?

4. How much time would you be able to devote to your Mentee in the first three months of the program? (An average of one hour a week is recommended.) Could you travel, if necessary?

5. Anything you would like to add?

I agree to serve as a Mentor if I am matched with a Mentee whose goals and interests are compatible with mine. I understand that I must attend a mandatory training session.

SIGNATURE:_____ ***DATE***_____

NAME OF IMMEDIATE SUPERVISOR:_____