



## Application for Mentees

Yes! I would like to participate as a mentee in the Professional Development Mentor Program. **School Semester:** \_\_\_\_\_.

*\*Classified Professional and Confidential Staff: Please obtain your supervisor's approval to participate in the program prior to submitting this form. \_\_\_\_\_  
Supervisor Signature*

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

Dept: \_\_\_\_\_ Phone: \_\_\_\_\_

### Please complete any that apply:

I would like to be mentored by someone who can help me learn:

\_\_\_\_\_

The department/division I am interested in learning more about is:

\_\_\_\_\_

I would like to be mentored by someone who has skills in the following area(s):

\_\_\_\_\_

I would like to be mentored by a specific person (please write that person's name here):

\_\_\_\_\_

*\*Have you already contacted this person about participating as your mentor? Yes \_\_\_ No \_\_\_*

By signing this application, I agree to meet regularly with my mentor and will attend all formal program meetings (*orientation, mid-semester meetings, graduation breakfast*). I will also maintain confidentiality during the course of the program and after the program concludes.

\_\_\_\_\_

*Your signature*

\_\_\_\_\_

*Date*

**Please return this form to Dianne Dudek in the Human Resources Office.**