



Application for Mentors

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

**Classified Professional & Confidential Staff: Please obtain your supervisor's approval to participate in the program prior to submitting this form.* _____

Supervisor's Signature

Name: _____ Title: _____

Dept: _____ Phone: _____

Please indicate the areas, skills or topics in which you are able to mentor. Examples include: critical thinking skills, leadership development, management skills, networking, budget management, presentation skills, etc.

*

By signing this application, I agree to meet regularly with my mentee . 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.