



Mentorship Program Mentee Application

Name: _____

Current Position: _____ Department: _____

Office Phone: _____ Email: _____

Name of IMS: _____ Office Phone: _____

Instructions

Please forward IMS support document to your manager. Submit the completed application along with your resume to the Professional Development Office via email to asuhrid@nocccd.edu by July 25, 2018. Please write "Mentee Application for <your name>" in the subject line.

1. Describe areas in which you would like to strengthen through working with a mentor?
2. Where do you see your career going in 3-5 years?
3. What are your interests and hobbies outside of work?
4. Any preferences you are looking for in a mentor (personality, values, experience etc.)
5. What do you hope to achieve from the mentoring program?

Yes, I have attached my resume.

Signature _____ Date _____