



## Mentorship Program Immediate Management Supervisor Statement of Support

IMS,

Please submit your Statement of Support to Amita Suhrid-Cherewick in email - [asuhrd@nocccd.edu](mailto:asuhrd@nocccd.edu) by Friday, July 25, 2018. For any questions, call 714-808-4805.

Candidate's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Title: \_\_\_\_\_ Location: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. How long has this candidate worked with you?
2. Why are you recommending this person's participation in the Mentorship Program and how would the candidate benefit from participating?

Mentorship program is designed to serve the District, campus, department, employees, and ultimately, our students. It is important that participants attend all activities throughout the year. In addition to organized group meetings, mentees are required to meet with their mentors monthly for approximately one hour. Please consider your staffing needs when recommending this applicant.

I agree to support this candidate, if selected, by providing the time and resources necessary to complete the requirements of NOCCCD's Mentorship Program.

*Signature:* \_\_\_\_\_

*Print Name:* \_\_\_\_\_

*Date:* \_\_\_\_\_