



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

Mentorship Program

Mentor Application

Name: _____

Current Position: _____ Department: _____

Office Phone: _____ Email: _____

Instructions:

Please submit the completed application along with your resume to the Professional Development Office via email to asuhrd@nocccd.edu by July 25, 2018. Please write "Mentor Application for <your name>" in the subject line.

1. Why do you want to be a mentor?
2. What experiences, if any, have you had with mentoring?
3. Describe your strongest competencies (i.e knowledge, skills, and abilities)
4. What do you think a mentee can learn from you?
5. What are your interests and hobbies outside of work?
6. What do you hope to achieve from the mentoring program?

Yes, I have attached my resume.

Signature: _____ Date: _____