



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

Mentorship Program

Mentee Application

Name: _____

Current Position: _____ Department: _____

Phone: _____ Email: _____

IMS: _____ IMS Email _____

Instructions:

Submit the completed application to the Professional Development Office via email to profdev@nocccd.edu by May 13th, 2022. Please write "Mentee Application for <your name>" in the subject line.

1. What do you hope to achieve from the mentoring program? Include areas in which you would like to strengthen through working with a mentor.
2. Describe your competencies (i.e. knowledge, skills, and abilities).
3. Are there any preferences you are looking for in a mentor (personality, values, experience etc.)?
4. Do you have a preference in whom you would like as your mentor (NOCCCD employee)? If yes, please provide their names and contact information below. *(please note that we will make every attempt but your mentor choices may not be available):*
 - 1.
 - 2.
 - 3.

Please include your resume.