



## 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 [jaranda@nocccd.edu](mailto:jaranda@nocccd.edu) by May 5<sup>th</sup>, 2020. 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.