



NORTH ORANGE COUNTY
COMMUNITY COLLEGE DISTRICT

Mentorship Program Mentor Application

Name: _____

Current Position: _____ Department: _____

Office Phone: _____ Email: _____

Instructions:

Submit the completed application to the Professional Development Office via email to jaranda@nocccd.edu by May 5th, 2020. 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?

Please attach your resume.