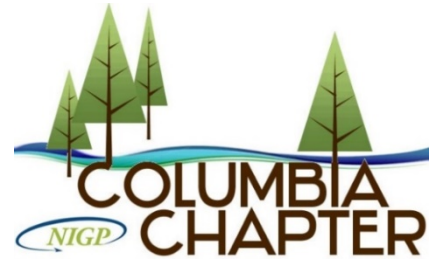


Mentorship Program Mentee Application Form



Name: _____

Agency: _____ Current Position: _____

Agency Address: _____

Phone #: _____ Email Address: _____

To provide the best match for our Members, please answer the following questions:

1. What would you like to accomplish from the Mentorship Program?

2. Please describe the criteria in which you would like your Mentor to possess in order to be the most useful in helping you achieve your professional development goals.

3. Is there anything else you would like us to know in order to provide you with a better match?

4. Do you have a specific Mentor you would like to work with? If so, please provide the first and last name of that person.

Signature _____ Date _____