



Application for Mentees

- Yes! I would like to participate as a mentee in the Professional Development Mentor Program. **School Year:** _____.

**Classified/Confidential Staff: Please obtain your supervisor's approval to participate in the program prior to submitting this form.*

**8 hours of FLEX/Professional Development credit is given per semester (fall and spring) for mentors and mentees.*

Name: _____ Title: _____

Dept: _____ Phone: _____

- I would like to be mentored by someone who can help me learn:

- The department/division I am interested in learning more about is:

- I would like to be mentored by someone who has skills in the following area(s):

- I would like to be mentored by a specific person (please write that person's name here):

**Have you already contacted this person about participating as your mentor? Yes ___ No ___*

By signing this application, I agree to meet regularly with my mentor and will attend all formal program meetings (*orientation, mid-semester meetings, graduation breakfast*). I will also maintain confidentiality during the course of the program and after the program concludes.

Your signature

Date

Please return this form to the Professional Development Office.