



## 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.**