



Application for Mentors

- ☐ Yes! I would like to participate as a mentor 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: _____

Please indicate the areas, skills or topics in which you are able to mentor. Examples include leadership development, management skills, networking, budget management, etc.

By signing this application, I agree to meet regularly with my mentee 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 submit this form to the Professional Development Office.