Mentor Application

Name:	ne:	
Phone	ne Number:	
Preferi	erred method of meeting with mentee (after t	he initial 4 weeks face-to-face meetings)
	Phone Call	
	Text Message	
	E-mail	
	Face to Face Preferred Me	eting Place:
What o	at days and time frame work best for you to co	mmunicate with your mentee?
	Weekday Mornings (9a.mNoon)	
	Weekday Afternoons (Noon-4:00p.m.)	
	Weekday Evenings (4:00p.m10:00p.m.)	
	Weekend Mornings (9a.m Noon)	
	Weekend Afternoons (Noon-4:00p.m.)	
	Weekend Evenings (4:00p.m 10:00p.m.)	
What a	at are your career goals? (Nurse, Welding, Adm	ninistrative, etc.)

Mentor Interest Survey

Why do you want to be a Mentor?

1)	Would you prefer to mentor a student in the career areas you are most familiar with or would you be comfortable mentoring any student? Why?	
	If you have a preference, what areas would you prefer?	
2)	What are two or three traits you would prefer your mentee have – to help you mentor.	
3)	What are your feelings on diversity? Are you comfortable with a mentee that is culturally different or would you prefer one more similar to yourself? Are there any other factors important to you e.g. age, lifestyle?	
4)	What do you hope to achieve in the mentoring process? When will you know you have been successful?	
5)	When would you like to begin? Please Circle. Immediately Two weeks from Now A different time – (please note)	
6)	How would you like to meet for the first time? Please circle.	
	1) Introduction at LB or MCCC 2) Personally call and schedule.	

THANK YOU!