



Maintenance & Alterations Mentoring Program Application - Mentees

Full Name: _____		Job title: _____	
<i>Last, first, middle initial (please print)</i>			
Address: _____		Work location: _____	
<i>Shop name and number</i>			
Work phone: _____	Cell phone: _____	Email address: _____	
Your work schedule: _____		Supervisor's name: _____	
Have you ever participated in a formal mentoring program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, where and when? _____
Are you willing and able to commit to attending up to 2 hours to meet with your mentor in the first 2-3 months of the mentoring relationship?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Exceptions, or other comments: _____

Please respond to all questions below

Why do you want a mentor?	
What goals, aspirations, or plans do you have that you feel a mentor could help you with?	
What kind of special knowledge and experience should a mentor have to be most helpful to you?	
What characteristics are you looking for in a mentor?	
What do you hope to gain from the mentoring experience?	
Do you have any specific requests we should consider in matching you with a mentor ?	

Please read and sign

I understand that my participation in the Mentoring Program is voluntary but that my commitment is essential to the success of the mentoring relationship. I agree to attend meetings I schedule with my mentor, take responsibility for keeping in touch with my mentor, adhere to the program guidelines and make every effort to fulfill any commitments I make.

Signature: _____ Date: _____

Please complete this form, sign it, and return it to

**Linda Tennant
Box 352215**