



# Maintenance & Alterations Mentoring Program Application - Mentors

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 4-6 hours to training and up to 2 hours to meeting with your mentee 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 to be a mentor?	
What characteristics do you feel you have that would make you a good mentor?	
In what areas do you feel you have special knowledge and experience to offer that would be helpful to a less experienced employee?	
Please list any leadership, management, technical or professional positions you have held <i>prior to</i> the position you now hold.	
What do you hope to gain from the mentoring experience?	
Are there any areas of training you feel you need to be ready to be a good 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 scheduled training sessions, 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**