

Excel Mentoring Program

MENTOR APPLICATION

Name: _____

Date: _____

Address: _____

Job Title: _____

Organization: _____

Email address: _____

Office phone: _____ Ext: _____

Cell phone: _____

I prefer to be contacted by:

Email

Work Phone

Cell Phone

Best time to contact: _____

Time Commitment

Spring (Jan.-May)

Summer (June-July)

Fall (Aug.-Nov.)

Year Long (Jan.-Nov.)

Availability

Please list your current availability (times that you are available to meet with your mentor):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

How many mentee's are you interested in mentoring?

___ 1

___ 2

___ Other

***Please note that mentors are required to complete no less than two activities per month with their mentees.**

HR Experience

Brief description of job responsibilities:

Areas of HR expertise:

Education

Professional certifications/memberships held: _____

College/University Attended: _____

Major: _____

About You

Briefly tell me more about yourself:

Hobbies

What are you doing when you're not in the office?

**Please return the completed form to Anela McIntosh via
email at:**

Mentoring.uhcl@gmail.com

*“Our chief want is someone who will inspire us to be what we know we
could be.” Ralph Waldo Emerson*