

ADCIOSA Mentor/Mentee Program

Mentor Application

| | | | |
|-------------------|----------|------------|------|
| Participant Name: | First | Middle | Last |
| Gender: | Male () | Female () | |
| Profession: | | | |
| Class of: | | | |
| Phone #: | | | |
| Email Address: | | | |

Please respond to the information requested below.

1. Why do you want to be a Mentor?
2. Are you willing to spend at least 1hour/month mentoring a young Isolarian (via Phone, Skype, Email etc.)?
3. What should the Mentee expect to learn from you?
4. What are your interest/hobbies?
5. Briefly tell us about yourself, your family and other interest beneficial to our decision making?

Prospective Mentor Signature:

Date:

Program Manager Assessment/Signature:

Date:

Note: