



# Mentorship Program Application Form

If you would like to participate either as a mentor or mentee, please fill out the following form. Information will be kept confidential and will only be shared with CPABC Executive.

Name: \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

Email: \_\_\_\_\_

School Phone #: \_\_\_\_\_

Cell: \_\_\_\_\_

Are you a CPABC member?  Yes  No

**Interest:**

I want to be a mentor

I want to be a mentee

**Please indicate learning goals you would have for this mentoring relationship:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you willing to commit to 1-2 hours every month for at least one year?  Yes  No

Is your school board or superintendent behind your commitment?  Yes  No

Are willing to travel to meet with mentor/mentee at least twice in a year?  Yes  No

Have you been a mentor or mentee (informally or in a program) before?  Yes  No

If yes, please describe your experience

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a mentee who you would prefer to be matched with?

\_\_\_\_\_

**Work History (from most recent employment, last three positions):**

<u>School</u>	<u>Position held</u>	<u>Dates</u>
1.		
2.		
3.		

**Educational Background (from most recent school, last three schools):**

<u>School</u>	<u>Degree</u>	<u>Dates</u>
1.		
2.		
3.		

**Why are you interested in the program?**

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By completing this application form, you agree to the goals and purpose of the mentoring program. CPABC /SCSBC encourages an open exchange of information and ideas between members participating in the program. However, CPABC/SCSBC cannot and does not review such communications and does not guarantee or endorse the accuracy of any information exchanged between mentor and mentee. You agree that you will participate in the mentor program in a manner consistent with the CPABC Mission and its constitution. You further agree to completely release CPABC, and its directors, from all claims, judgments, demands, liabilities, and actions that you may have arising out of, or in any way relating to, your participating in the mentorship program.

I agree with the above terms, conditions, and goals of the mentor program.

Signature

Date



CPABC Executive ONLY

Member in good standing?

Yes  No

Approved for program?

Yes  No

CPABC Exec. (Name):

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