## IBA MENTORING PROGRAM APPLICATION

## **Personal Information:** Gender □ Male Name\_\_\_\_ First Middle Last ☐ Female Address \_\_\_\_\_ Street City State ZIP Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Name/address of employer or school \_\_\_\_ Work phone \_\_\_\_\_ Occupation \_\_\_\_\_ E-mail address Preferred Means of Communication: ☐ Face to face ☐ Phone □ Email Educational Background (mark one): ☐ Some high school ☐ Graduate/professional school ☐ High school graduate ☐ Technical school ☐ Some college ☐ College graduate ☐ Other (please specify) \_\_\_\_\_ What days of the week are you available to meet? (check all that apply): □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday □ Saturday □ Sunday What is the best time for you to meet? (check all that apply): ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Weekends Indicate your mentor/mentee gender preference: □ Male ☐ Female ☐ No Preference Do you prefer working with a quiet, reserved mentor/mentee? ☐ Yes ☐ No ☐ No Preference Do you prefer working with an outgoing mentor/mentee? ☐ Yes ☐ No ☐ No Preference Do you prefer working with a mentor/mentee from a specific racial/ethnic group? □ No Preference If yes, please specify: \_\_\_\_\_ Do you speak a foreign language(s)? \_\_\_\_\_\_ If yes, please specify: \_\_\_\_\_

What to	pics would you like to discuss with your mentor/mentee?	
What c	ubs or groups or organizations, if any, do you belong to?	
-	you want to become a mentor/mentee? Write a brief statement on why you have chosen to te in the Mentoring Program and what you'd like to get out of it.	
What d	you feel are the strengths that you can bring to this program?	
What is	dividual has served as a role model for you? Why?	

What qualities would you like in a mentor/me	ATICC:
nitial the following two statements below if yo	ou agree:
o meet with the mentor/mentee. (Meetings of I understand that I will be required to deedback session with the Program Manager delease list four references (please include at lease)	involves spending a minimum of one hour every other monover that frequency are at the discretion of the pairing) complete the Mentoring Program Orientation and at least or during the course of the engagement.  ast one family member, one personal friend and one work
eference):	
	Name
City State / ZID	Address City State/ZIP
	Phone number
	Relationship
Name	Optional Reference Name
Address	Address
City State/ZIP	Address City State/ZIP
Phone number	Phone number
Relationship	Relationship
certify to the best of my ability that the infor-	rmation provided on this application is true and accurate.
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Applicant Printed Name:	
Applicant Printed Name:	