

**A. SELA Mentoring Program
Mentor Form**

1. Personal Information

Name: _____
Title: _____
Organization or School: _____
Address (Where you receive mail): _____
City, State, Zip: _____
Phone: _____ Cell Phone: _____ Fax: _____
email: _____

2. Demographics:

Sex/Gender: _____

3. Area of mentor expertise (Select one from each column):

_____ Academic	_____ Reference
_____ Public _____ Cat	_____ aloging
_____ School	_____ Children Services
_____ Special	_____ Adult Services
_____ Subject Area	_____ Computer Services/IT
_____ Administrative	_____ Media Specialist
	_____ Access Services

4. Please describe your work experience:

5. What can you offer a mentee?

6. How much time are you willing to commit to working with a mentee?

7. What is your preferred manner in which to communicate with a mentee?

8. What personal qualities are you looking for in a mentee?

9. How did you hear about the SELA Mentoring Program?

10. Why do you want to be a mentor in the SELA Mentoring Program?

Thank you for filling out the Mentor Form. Your input will allow the Membership and Mentoring Committee to create a better match between you and the mentee.

Mail or fax this application form to:

SELA Administrative Services
P.O. Box 950
Rex, GA 30273
678/466-4325 (Phone)
678/466-4349 (FAX)
Attn: Gordon Baker (gordonbaker@clayton.edu)