

B. SELA Mentoring Program

Mentee 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. Preferred area of mentor expertise (Select one from each column):

_____ Academic	_____ Reference
_____ Public _____ Cat	_____ Logging
_____ School	_____ Children Services
_____ Special	_____ Adult Services
_____ Subject Area	_____ Computer Services/IT
_____ Administrative	_____ Media Specialist
_____ Acc	_____ ess Services

4. What is your preferred manner in which to communicate with your mentor?

5. Please describe your work experience:

6. What skills/knowledge/experiences would you like to receive from a mentoring relationship?

7. How much time would you expect a mentor to commit to working with you?

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

9. Do you have any special needs?

10. How did you hear about the Mentoring Program?

11. Why do you want to be in the SELA Mentoring Program?

Thank you for filling out the Mentee Form – Your input will allow the Mentoring Committee to match you with an appropriate mentor.

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)