



## WINUP Ohio Chapter Mentoring Program

### Expression of Interest Application Form

### Mentor/Mentee Participant Application

Please select the role you are applying for.     Mentee                       Mentor

*Note: only members of the Ohio Chapter may apply for the role of mentee*

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

Title/Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_



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## BACKGROUND INFORMATION

Current Position: \_\_\_\_\_

Length of time in position: \_\_\_\_\_

Professional Credentials: \_\_\_\_\_

What would you like to be doing in the next three years?

What do you hope to obtain from your participation in the Mentoring Program?

**Mentees** check any of the following where you would like mentoring assistance or if you are a **Mentor** check the following areas that you feel most comfortable mentoring.

Personal organization

Managing within the corporate culture

Communication

Finding the right resources

Supervising others

Project management

Assisting others in their development

Team building

Managing diversity

Strategic planning

Networking

Other \_\_\_\_\_

What is your preference as a Mentor or what is your preference as a Mentee?

\_\_\_\_\_ Male

\_\_\_\_\_ Female

\_\_\_\_\_ No Preference



## WINUP Ohio Chapter Mentoring Program

(Optional)

List the name of three of individuals you have considered establishing a mentoring relationship. A representative from the committee will contact these individuals in an attempt to match you with one of your preferences. In the event none of the individuals listed can accommodate the request we will proceed to find a match in our Mentor or Mentee pool

*Note: Only members of the Ohio Chapter can participate in the role of a mentee however, there are no restrictions on who can participate in the role of a mentor.*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Are there any other requirements that you may have before being paired with a Mentor/Mentee?**

**Have you had previous involvement in a Mentoring Program? Was it successful? Please describe.**

*NOTE: Return completed form to WINUP Mentoring Committee Chair for consideration*