

OSPREY BUSINESS MENTORSHIP PROGRAM

Mentor Information Form

Name:							
Email:		Cell Phone:					
College:							
Graduation year:		Major/N	linor:				
Company:		Title:					
Industry:							
What industry are yo communication, gov		- ,	-	, sports, nonprofit, the	e arts,		
List your favorite hol	obies:						
What is your weekly	availability?						
How often are you w	illing to meet?						
What type of relation In the attributes below	•	•	•	e in each row)			
Intuitive		Analytical					
Extrovert		Introvert					
Risk-taking		Cautious					
Decisive		Methodical					
Plans ahead	k	Spur of the momer	nt				
Would you be willing	। to include a stude।	nt in your work activ	ties such as shad	owing, attending mee	etings, etc.?		
Which of the following means of communication do you prefer? Check all that apply. (Please note the expectation is three face-to-face meetings per semester)							
Fmail	Phone S	Skyne/FaceTime	In nerson	Texting			

Which of the following aspects of mentoring most interests you?

	Strongly Interested		Neutral Not Interes		erested
Providing career advice, support, and guidance	1	2	3	4	5
Providing general life and soft skills support	1	2	3	4	5
Moral support and encouragement	1	2	3	4	5
Sponsorship and/or long-term relationship	1	2	3	4	5

Other:

Please submit your resume with your application to susan.wallace@stockton.edu

