

STOCKTON UNIVERSITY
**WOMEN'S
LEADERSHIP COUNCIL**

MENTORING PROGRAM

Mentor Information Form

Name: _____

Email: _____

Cell Phone: _____

College: _____

Graduation year: _____ Major/Minor: _____

Company: _____

Title: _____

Industry: _____

What industry are you most interested in mentoring? (i.e. finance, accounting, sports, nonprofit, the arts, communication, government, healthcare, higher education).

List your favorite hobbies: _____

What is your weekly availability? _____

How often are you willing to meet? _____

What type of relationship would you like to have with your protégé?

Short term: _____ Long term: _____

In the attributes below, I would rate myself predominately...(please select one in each row)

1. Intuitive _____ Analytical _____

2. Extrovert _____ Introvert _____

3. Risk-taking _____ Cautious _____

4. Decisive _____ Methodical _____

5. Plans ahead _____ Spur of the moment _____

Would you be willing to include a student in your work activities such as shadowing, attending meetings, etc.?

You prefer which of the following means of communication? Check all that apply. (Please note the expectation is three face-to-face meetings per semester)

Email

Phone

Skype/Face Time

In person

Texting

Which of the following aspects of mentoring most interests you?

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

Other: _____

Please submit your resume with your application.