



Mentor Application for 2017-18

Name: _____ Age: _____ Graduation Year(s): _____

Major/Minor(s): _____

Email: _____ Phone #: _____

Address: _____ Preferred method of Communication: _____

City, State, Zip: _____

Current Industry: _____ Years of Experience: _____

Company Name: _____

Current Position Title: _____

Past Positions:

Company/Title *Dates Employed*

Company/Title *Dates Employed*

Other Business/Organization Affiliations: _____

Please provide a brief description of your community/civic engagement: _____

Personal Hobbies and/or Interests: _____

Briefly explain why you are interested in being a mentor and what you hope to gain from participating: _____

How did you hear about the program? _____





Student
Alumni
Mentoring

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Are you interested in providing job shadowing opportunities for current USF students? *(Please circle)*

Yes

Maybe

No

By signing this form, I agree to all terms and conditions of the Student Alumni Mentoring program. I understand that this program requires one evening per semester and regular communication with my mentee. **I understand that attendance to the Inaugural Dinner on Wednesday, October 25, 2017, is mandatory for participation. I commit to working to build a mutual relationship with my mentee, being open to new dreams and challenges, to share my own stories, to respect the difference between my mentee and me, and to provide guidance to the best of my ability.*

Signature: _____ Date: _____

Please return this form to: **Alumni & Family Relations Office**, Motherhouse 2nd Floor, Room 248, email it to alumni@stfrancis.edu or complete it online at www.stfrancis.edu/sam.



Alumni
Association