



RETURNING
Mentor Application for 2017-18

Name: _____

Please complete the following fields ONLY if this information has changed within the last year.

Email: _____ Phone #: _____

Address: _____ Preferred method of Communication: _____

City, State, Zip: _____

Current Industry: _____ Years of Experience: _____

Company Name: _____

Other Business/Organization Affiliations: _____

Current Position Title: _____

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

Personal Hobbies and/or Interests: _____

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 two evenings 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: _____



Alumni
Association