



MENTORING PROGRAM

MENTOR
APPLICATION FORM

PERSONAL INFORMATION

First Name:

Last Name:

College:

Major/Minor:

Graduation Year:

Company:

Title:

Industry:

CONTACT INFORMATION

Personal Email:

Cell Phone:

Home/ Permanent Street Address:

City:

State:

Zip Code:

GETTING TO KNOW YOU

How did you hear about the SWLC?

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

List your favorite hobbies:

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

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 |

Which of the following aspects of mentoring most interests you?

- | | Strongly Interested | | Neutral | | Not Interested |
|--|---------------------|---|---------|---|----------------|
| | 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.
Applications can be emailed to Darlene Astin at darlene.astin@stockton.edu.



THANK YOU FOR YOUR INFORMATION