

Mentor Program

Mentor Enrollment Form

Please return completed form to Michelle Price (mprice@cityofames.org).

Mentor Profile	
Name:	Date:
Job Title:	Organization:
Organization Address:	
Type of Organization:	
Office Phone:	Email:
I prefer to mentor for the: Semester (Fall 2012) <input type="checkbox"/> or Academic year (2012/2013) <input type="checkbox"/>	
Education	
Professional Memberships/Certifications Held:	
College/University Attended: :	Major in School:
Human Resource Experience	
Area(s) of human resource expertise: <input type="checkbox"/> Compensation & Benefits <input type="checkbox"/> HR Research <input type="checkbox"/> Employee & Labor Relations <input type="checkbox"/> Training & Development <input type="checkbox"/> Employment Practices <input type="checkbox"/> Workplace Health & Safety <input type="checkbox"/> Workplace Diversity <input type="checkbox"/> Other	
Please provide a brief description of your job responsibilities.	
Why do you want to participate in the Mentor Program?	
<input type="checkbox"/> I have read the Mentor Program Requirements and agree to these requirements as a Mentor participant.	