

Fill in form online, print and sign it, and return to PSS

WAYNE STATE COLLEGE MENTOR APPLICATION

NAME: _____ Date: _____

DEPARTMENT: _____ Position: _____

Phone: _____ E-mail: _____ Campus location: _____

Select one: Faculty Professional Staff Support Staff

Describe your strengths:

Describe any concerns:

Why do you want to be a Mentor?

Describe previous experience (mentored at another job, received mentoring, etc.)

Select appropriate questions below (leave blank if the question doesn't apply to you):

1. list professional interests
2. list professional/ work related skills
3. list research/writing interests
4. list student group/organization interests
5. list hobbies and other interests (optional)

Optional Information: Please provide a self-description of personality traits

Employee Signature

This form is confidential and not part of an employee personnel file. The information will be used only by the Mentoring Oversight Committee.