

## SACAC Mentee Information Form

Qualifications include fewer than five years in the admission/counseling field and the desire to learn and grow within the profession. Expectations include regular contact with your mentor by phone, email, and/or meeting (e.g. job shadowing in his/her office or lunch). Please submit this form to a relevant State and Area Initiative co-chair or designee

Name \_\_\_\_\_

Title \_\_\_\_\_

Institution/Organization Name \_\_\_\_\_

Secondary School       College/University       Other (please specify) \_\_\_\_\_

Public       Private       Parochial

Address \_\_\_\_\_

Work Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Supervisor's Name/Title \_\_\_\_\_

How long have you been in the profession? \_\_\_\_\_

At how many institutions have you worked? \_\_\_\_\_

How long have you been in your current position? \_\_\_\_\_

Please describe your current responsibilities.

Identify the frequency of contact that you prefer.

monthly       once a semester       only when the mentee calls

Identify the mode(s) of contact that you prefer.

telephone       email       personal meetings

Please describe any traits/characteristics/experiences that would be especially important to you in a mentor.

Please list any individuals you have already identified as a possible mentor and his/her institutional affiliation. (Requests will be considered, yet no assignments are guaranteed.)