

SACAC Mentor Information Form

Qualifications include five or more years in the admission/counseling field and the ability to help a mentee learn and grow within the profession. Expectations include regular contact with your mentee by phone, email, and/or meeting (e.g. job shadowing in your 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 mentee.

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