



MENTORING 20/40 PROGRAM MENTOR APPLICATION

(Please include an updated resume or CV)

Personal Information

Full Name: _____
Last First M.I.

Company Name: _____

Address: _____
Street Address

City State ZIP code

Phone: (____) _____ Alternate Phone: (____) _____

Email Address: _____

Matching Information

- Please briefly describe why you would like to be a mentor
- In order to assist in successfully matching mentors and mentees, please select those skills from the list below which you feel you could best mentor on:

Assertiveness	Decision Making	Negotiation	Strategic Thinking
Career Development	Delegation	Networking	Time Management
Facilitation Skills	Leading a Team	Self-organization	Working with difficult people
Change Management	Managerial Skills	Presentation Skills	Entrepreneurship
Confidence Building	Motivation	Problem Solving	Other: _____

Each Mentoring 20/40 program cohort runs for 6 months. Please see the tentative timeline of enrollment and program activities for 2019 in the Mentoring 20/40 Overview.

- What communication style would you like to have with your mentee? Check all that apply.

In person Phone Email Social Media Events Other _____

Signature

Signature: _____

Date: _____

We will make every effort to match you according to the information you provided. Please contact Armeather Gibbs, Program Coordinator, at 401-332-6956 or agibbs124@cox.net with any questions. Signed applications and agreements can be forwarded to Ricbwinfo@gmail.com.