



Women's Mentor Program - Mentor Application

Name: _____
First Name Last Name

College/School/Department: _____

Campus Address: _____ **Mail Code:** _____

Office Phone: _____ **Email:** _____

Affiliation with U.T. Austin:
____ Administrator/Professional ____ Faculty ____ Staff Length of Employment at UT _____
____ Other (Specify): _____

Ethnicity: _____ **Gender:** _____ **Sexual Orientation:** _____

Have you served as a mentor in this program before? Yes No

Why would you like to participate in this program? _____

What personal experiences, skills, values and/or knowledge would you particularly like to pass onto your mentee? (e.g. career planning, personal guidance, etc.)

What are your non-professional hobbies and interests? _____

How much time are you willing to devote to working with a mentee? _____

Is there a particular type of student that you prefer to work with? If so, please list any preference(s) about your mentee which we should take into account? (e.g. major, ethnic background, etc.)

What kind of support/assistance can the program offer that will be most helpful to you? _____

How many mentees would you feel comfortable working with? (Circle one.) 1 2

My signature below represents an acceptance of my commitment to participate in the Faculty/Staff Women's Mentor Program.

Signature: _____ **Date:** _____