



## Faculty & Staff 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 (Optional):** \_\_\_\_\_

**Gender (Optional):** \_\_\_\_\_

**Sexual Orientation (Optional):** \_\_\_\_\_

**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:** \_\_\_\_\_