



Community of Mentors Providing Access to Skills for Success

MENTEE APPLICATION

NAME: _____

DEPARTMENT: _____

WORK PHONE NUMBER: _____

WORK FAX NUMBER: _____

E-MAIL ADDRESS _____ or

MAILING ADDRESS: _____

What hours are you available to take part in mentoring activities?

What date can you begin?

EMPLOYMENT INFORMATION

CURRENT POSITION: _____

LENGTH OF TIME IN THIS POSITION: _____

Have you held any previous positions at Ole Miss? If so, please list below:

POSITION

LENGTH OF TIME IN POSITION



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What are your reasons for joining the COMPASS mentoring group?

Is this related to personal or professional development?

Have you ever been involved in a mentoring program before? If so, please describe.

How often are you interested in meeting with your mentor?

If you have other comments or need to add anything to this application, please feel free to do so below. The more information we have on you and your needs, the easier it will be for us to match you with the most appropriate mentor.
