

What are your career goals? _____

Why would you like to have a mentor? _____

List the hours and days you are available to meet during the week. _____

Please mark the activities you are interested in as a student mentee. (mark all that apply)

| | |
|--|--|
| <input type="checkbox"/> In-person communication | <input type="checkbox"/> Opportunity to job-shadow mentor |
| <input type="checkbox"/> Phone communication | <input type="checkbox"/> Attend presentation, meetings, etc. with mentor in major / area of interest |
| <input type="checkbox"/> E-mail communication | <input type="checkbox"/> Other |
| <input type="checkbox"/> Written communication | |

Please mark the types of information you would like from your mentor. (mark all that apply)

| | |
|---|--|
| <input type="checkbox"/> Career | <input type="checkbox"/> Leadership Opportunities |
| <input type="checkbox"/> Academic | <input type="checkbox"/> Volunteer Opportunities |
| <input type="checkbox"/> Personal | <input type="checkbox"/> Student Support Services (math lab, writing center, tutoring, etc.) |
| <input type="checkbox"/> Campus Involvement / Student Organizations | <input type="checkbox"/> Other |

Which of the following roles do you anticipate from your mentor? (mark all that apply)

| | |
|------------------------------------|--|
| <input type="checkbox"/> Guide | <input type="checkbox"/> Advocate |
| <input type="checkbox"/> Advisor | <input type="checkbox"/> Active Listener |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Facilitator |
| <input type="checkbox"/> Supporter | <input type="checkbox"/> Other |

Comments / Suggestions: _____

Contact Information & Return Form to:

Center for Mentoring
US-205
812-941-2516
mentorin@ius.edu