



The WICT Mentoring Program is designed to bring awareness to and development of professional and personal skills and talents. The mentor helps the mentee reach her goals by defining areas of development, planning next steps and providing resources and opportunities.

Take the time to get to know one another and develop a relationship of trust. Discuss interests and expectations. Decide on a focus and set achievable goals with a realistic timeframe. Allow for mistakes and learning time. Complete various activities and/or a special project so that it is a win/win situation for both mentor and mentee. Review progress periodically.

Set the conditions with each situation and allow for differences. You may not be physically located where you can meet in person each time. There may be situations where it is impossible to meet on a regular basis. Set a schedule and try your best to stick to it. Make mentoring a priority.

|  |  |  |  |
| --- | --- | --- | --- |
| WICT MIDWEST |

|  |  |
| --- | --- |
| MENTEE APPLICATION  |  |

 |

**Mentee: Role and Responsibilities**

**Role**

The role of the mentee is to be proactive in her own development with the support, guidance and encouragement of a mentor.

**Responsibilities**

* Actively participate in the program.
* With mentor’s assistance, create and define goals of the relationship.
* Share professional information and experiences, successes or failures.
* Initiate appointments and maintain regular, open communication with the mentor.
* Develop growth goals and a plan for achieving them, with the support of the mentor.
* Demonstrate commitment by following through with the guidance and counsel of the mentor.
* Build an internal and external network to support professional and personal goals.
* **Honor commitments and keep confidences shared by the mentor.**
* Provide feedback to the mentor on what’s working.

**Mentee Application**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Office Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Office Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Additional Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For the mentoring program to work effectively, we need to know more about you. For those requesting a specific mentor, this information will be helpful in identifying needs and determining initial areas of focus. This information will be kept confidential and only be shared with a mentor.**

**WICT Experience:** Member since \_\_\_\_\_\_\_\_\_\_\_\_

Please note: Membership in WICT is a prerequisite for participation in the mentoring program. If you’re not already a member, please take this opportunity to join at [www.wict.org](http://www.wict.org)!

|  |  |  |
| --- | --- | --- |
| **Work Experience:** | Years with current company \_\_\_\_\_\_\_ | Years in current role \_\_\_\_\_\_ |
|  | Years of overall experience \_\_\_\_\_\_\_\_ |  |

**Description of Experience:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Specific Areas of Expertise:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Please list any professional development needs you and/or your supervisor have identified:**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**What are your long and short term goals?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**What would you like to accomplish as a result of this program?**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**Do you have a strong preference for either a female or male mentor?**

|  |
| --- |
|  |
|  |

**What qualities are you looking for in a mentor?**

|  |
| --- |
|  |
|  |
|  |
|  |

**Comments** *(include name of desired mentor if applicable):*

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**If selected, I am committed to working with a mentor and agree to make the mentoring program a professional priority. I will always keep all mentoring information between mentor/mentee parties confidential.**

|  |  |  |
| --- | --- | --- |
| Applicant Signature |  | Date |
| Supervisor’s Signature (if applicable) |  | Date |

**Thank you for your interest in the Mentoring Program!**

**Please return completed application to:**

**Marcy Bursac at**

**marcy.bursac@charter.com**