



MENTOR PROFILE FORM

Date:

Name:

**Current
Title:**

**Pledge
Class:**

**Work
Location:**

**Graduation:
Year:**

**Employer
Name:**

**Email
Address:**

Current Industry:

**Cell Phone
Number:**

Education Level:

Work Experience:

Dates	Position	Company	Responsibilities

Education - Including Certifications/Licenses/Professional Affiliations

- a) _____
- b) _____
- c) _____

What do you hope to gain through this Mentoring Program?

If you know the current sister you would like to mentor, please write her name below. Otherwise you will be matched with a sister that has expressed interest in your occupation/industry

I have reviewed the Mentorship program criteria and can meet all outlined expectations including a 12 month program with a minimum meeting commitment of 3 hours per semester.

ODPAA

Alumnae

Signature _____ **Date:** _____