



An inter-agency mentoring program of the Providers' Council

Mentor Roster Application Form

Name _____

Job Title _____ Agency _____

Work Address _____

Work Phone _____ Cell Phone _____

Email _____ Fax _____

Residence City _____ **Optional, for pairing purposes*

Please check one: I would like to be

added to the Roster and paired when needed

added to the Roster and paired this round

Program Requirements:

- One year program
- Meet at least once monthly with mentee for one hour (6 meetings must be in person, unless otherwise specified due to geographic restrictions)
- Completion of an evaluation of the mentoring program
- Participation in check-ins, in-person events and discussions as available

On an additional sheet, please provide a short (300 words or less) response to the following questions.

- 1. Please describe three skill development areas in which you feel you could provide a strong mentoring relationship for an emerging leader.**
- 2. Why do you want to be a mentor to an emerging leader in human services?**
- 3. What do you hope to get out of the relationship?**

Please also include a copy of your resume.

**These answers will be kept on file with the Roster list; you will only have to complete this once*

The Leadership Initiative applicants have varying strengths, needs, and interests. Our goal is to match mentees with the mentors that best fit their skill needs and interests. The information you provide will help us to best match you with an appropriate mentee.

I agree to participate in The Leadership Initiative, including fulfilling the time and program requirements listed above. I have read and understand the program description.

Signature: _____ Date: _____

Please return completed application to:
Mentoring Program, Providers' Council, 88 Broad Street, 5th Floor, Boston MA 02110
Or by email to amccarthy@providers.org or fax to 617.428.1533