



DEAF IN GOVERNMENT (DIG)
Mentee Application

Mentoring is defined as a professional relationship in which an experienced person (mentor) assists another less experienced person (mentee) in the development of specific skills and knowledge that are designed to enhance the mentee's professional and personal growth.

Mentee Name:

Current Position, Career Field, or Area of Study:-

State/Region/Territory:

E-mail:

Preferred method of Contact?

Education:

Year Graduated:

School:

What agencies, positions or employment issues are you interested in pursuing in the Mentoring Program?

What skills do you feel you need to improve?

Activities, interests and hobbies of most importance to you:

- | | |
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| 1. | 3. |
| 2. | 4. |

What do you want to learn from a mentor? Please describe your ideal mentor and expectations for the relationship:

Thank you for taking the time to complete this application.

Please be assured that the only persons who will see your application are the DIG Mentoring Program Committee and your potential Mentor.

Please email your application to mentoring@deafingov.org

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