

WORKFORCE DEVELOPMENT PROGRAM MENTOR APPLICATION

PERSONAL INFORMATION:

Name: _____

Member ID: _____

Company: _____

Office Phone: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

I would like to be a mentor:

 only for a veteran in my geographic location I would like to be a mentor for a veteran, regardless of geographic location

Use a separate page to complete the following if additional space is needed:

Please give a brief overview of your management experience. How many direct reports do you currently have?

Please give a brief overview of your core job responsibilities, including if you have authority to hire employees.

Have you volunteered in the past for any organization? Give a brief explanation of that experience and duties.

Please include any additional information you would like to share.

 I have read the expectations for being a mentor and agree to commit to those responsibilities to the fullest.

SIGNATURE: _____ DATE: _____

We recognize that not everyone can give of their time. Please consider a financial donation to this program.

 1. CHECK/CASH: Direct donation of \$ _____ attached, payable to the AMPP Workforce Development Program. 2. CREDIT CARD: AMEX MasterCard Visa Discover

CC#: _____ EXP. DATE: _____ CVV: _____

SIGNATURE: _____ AMOUNT: \$ _____

We appreciate your support of our veterans!