



2018 Mentor/Mentee Application Form

Application Type

Mentee

Mentor

Applicant Information

Full Name:

*Last**First**M.I.*

Job Title/Role:

Employer:

Address:

*Street Address**Building/Floor/Mailing Code**City**State**ZIP Code*

Contact Information:

*Office/Mobile Phone**Email Address*

Strengths, Weaknesses, and Areas of Interests

This information is being requested to better assist the **Connections** Coordinator with matching participants.

Please place one of the following letters in each box. Complete the additional fields provided as needed.

S – Strength**I** – Interested, would like to learn more in this area**W** – Weakness**N** – This area is not currently related to me

<input type="checkbox"/> Accommodations	<input type="checkbox"/> Facilitation	<input type="checkbox"/> Program Development
<input type="checkbox"/> Benefits Administration	<input type="checkbox"/> HR Compliance	<input type="checkbox"/> Project Management
<input type="checkbox"/> Business Process Development	<input type="checkbox"/> Human Resource Info Systems	<input type="checkbox"/> Recruitment
<input type="checkbox"/> Change Management	<input type="checkbox"/> Leadership	<input type="checkbox"/> Relationship Management
<input type="checkbox"/> Classification	<input type="checkbox"/> Mediation	<input type="checkbox"/> Reporting & Data Analysis
<input type="checkbox"/> Communications	<input type="checkbox"/> Onboarding	<input type="checkbox"/> Talent Management
<input type="checkbox"/> Compensation	<input type="checkbox"/> Organizational Management	<input type="checkbox"/> Time Management
<input type="checkbox"/> Conflict Mgmt/Problem Solving	<input type="checkbox"/> Payroll Administration	<input type="checkbox"/> Training & Development
<input type="checkbox"/> Discipline & Documentation	<input type="checkbox"/> Performance Management	<input type="checkbox"/> Workers' Compensation
<input type="checkbox"/> Diversity & Inclusion	<input type="checkbox"/> Personnel Administration	<input type="checkbox"/> Workforce Planning
<input type="checkbox"/> Employee Assistance	<input type="checkbox"/> Policy Writing	<input type="checkbox"/> Workplace Safety
<input type="checkbox"/> Employee Engagement	<input type="checkbox"/> Presentations/Public Speaking	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Professional Profile

What are your career goals? Where do you want to be 1-3 years from now? 3-5 years from now? Beyond?

Briefly explain what you hope to gain from participating in the **Connections** Mentoring Program.

Program Checklist

- I understand that applying for the **Connections** Mentoring Program does not necessarily guarantee participation if the **Connections** Sponsor and Coordinator cannot make a suitable Mentor/Mentee match.
- I understand the recommendation for monthly Mentor/Mentee contact and quarterly program meetings during my participation, which will begin in January and conclude in December of the same year, and commit to attend & participate.
- I understand that I may have to travel to my Mentor's/Mentee's workplace to attend meetings.
- I understand that my Mentor/Mentee has volunteered for the **Connections** Mentoring Program, and that the relationship is learning based. The **Connections** Mentoring Program is not an employment placement program.
- I understand that I must take ownership of arranging meetings, including times and locations, and work with the availability of my Mentor/Mentee.
- I have the full permission and support of my employer and direct supervisor to participate in the **Connections** Mentoring Program.

Applicant Signature [Electronic Signature accepted]

Application Date

Supervisor Approval [Electronic Signature]

Supervisor may approve applicants request verbally. Signature not required.

Next Steps

Thank you for your application. The **Connections** Coordinator will contact you with further details after the matching process has been completed.

Please return your completed application via email to RobbieS.Perkins@ky.gov, President, KY IPMA-HR and GroverD.Clemons@LRC.KY.GOV, **Connections** Sponsor.



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<http://www.kyipma-hr.org/>