Citadel Mentoring Program
Mentee Application

GENERAL INFORMATION

Name ____________________________________________________________

Department ____________________________ Citadel Phone Number ________________

Citadel Email Address ____________________________ Length of Service ____________

Bilingual? Indicate Languages / Written / Spoken ___________________________________

Immediate Supervisor ________________________________________________

How would you describe yourself? Circle all that apply.

- Encouraging
- Friendly
- Outgoing
- Talkative
- Funny
- Laid Back
- Relaxed
- Motivational
- Life of the Party
- Quiet
- Reserved
- Adventurous
- Inquisitive
- Confident
- Happy
- Shy
- Sensitive
- Spiritual
- Knowledgeable
- Serious

MENTORING INFORMATION

1. Have you ever been mentored? If yes, what part of being mentored made the biggest impact for you?

2. Why are you interested in becoming a part of the Citadel Mentoring Program? What do you hope to gain/learn?

3. Do you have any special hobbies, interests, or skills you would like to share?

Return this form to Shawn Edwards in the Human Resources Office 07/01/15
4. Do you have any specific requests for mentor placement or selection?

MENTEE EXPECTATIONS

Mentees are expected to connect with mentors to answer questions, seek guidance and direction. Mentors will provide support, encouragement and motivation to mentees as they see necessary. Mentees should expect mentoring time not to exceed two hours per week.

Mentee success requires the following:
1. Desire to learn, grow and thrive in The Citadel culture
2. Ability to endure being challenged with tough questions
3. Willingness to participate in personal self-reflection
4. Desire to connect with others and increase campus engagement

Goals of Mentorship
1. To provide access to information vital to mentee success
2. To serve as a resource for mentee growth and development
3. To assist in the development and achievement of goals
4. To increase the rate at which self-sufficiency occurs in employment
5. To form a mutually beneficial relationship where both parties are learning from each other

SIGNATURES

By signing below, I give approval for my employee to participate in The Citadel Mentoring Program. I also understand that mentoring time will not to exceed two hours per week.

Supervisor Signature_____________________________ Date____________________

By signing below, I understand that I am making an agreement to participate in the Citadel Mentoring Program and will abide by its expectations and goals. I also agree to consistently demonstrate positive image of The Citadel to my mentor and others.

Mentee Signature_____________________________ Date____________________