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| **PERSONAL INFORMATION:** |
| NAME: |       | PERSONAL EMAIL: |       |
| PHONE NUMBER: |       | PROFESSIONAL EMAIL: |       |
| CURRENT STUDENT (Y/N): |  | SCHOOL ATTENDING: |       |
| MEMBER OF SHRM: | [ ]  STUDENT MEMBER[ ]  PROFESSIONAL MEMBER | PROGRAM: |       |
| EXPECTED COMPLETION: |       |
| PREFERRED METHOD OF CONTACT: | [ ]  PERSONAL EMAIL | [ ]  PROFESSIONAL EMAIL | [ ]  OTHER:       |



**ASHRM MENTORSHIP PROGRAM**

MENTEE APPLICATION

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| **PROFESSIONAL INFORMATION:** |
| ORGANIZATION: |       | ADDRESS: |       |
| JOB TITLE: |       | CITY/STATE/ZIP |       |
| BUSINESS MARKET SECTOR: (I.E., NON-PROFIT, IT, HEALTHCARE, ETC.) |       |

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| **HR & CAREER EXPERIENCE:** |
| HR EXPERIENCE (IN YEARS): |       | AREAS OF HR EXPERIENCE |
| LIST OF PROFESSIONAL CERTIFICATIONS / MEMBERSHIPS CURRENTLY HELD: |       | [ ]  BUSINESS LEADERSHIP | [ ]  COMPENSATION & BENEFITS |
|       | [ ]  RECRUITING & STAFFING | [ ]  DIVERSITY |
|       | [ ]  TRAINING & DEVELOPMENT | [ ]  EMPLOYEE RELATIONS |
|       | [ ]  ETHICS & SUSTAINABILITY | [ ]  STRATEGIC PLANNING |
|       | [ ]  LABOR RELATIONS | [ ]  ORGANIZATIONAL DEVELOPMENT |
|       | [ ]  SAFETY & SECURITY | [ ]  TECHNOLOGY & HRIS |
|       | [ ]  NON-PROFIT | [ ]  OTHER:       |

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| **MENTORSHIP PROGRAM GOALS:** |
| WHY DO YOU WANT TO PARTICIPATE IN THE ASHRM MENTORSHIP PROGRAM? |       |
| PLEASE IDENTIFY 3 PROFESSIONAL DEVELOPMENT AREAS WHERE YOU ARE SEEKING MENTORING EXPERTISE: | WHAT AREAS OF EXPERTISE WOULD YOU SEEK FROM YOUR POTENTIAL MENTOR? |
| [ ]  BALANCED SCORECARD | [ ]  MANAGING OTHERS | [ ]  BUSINESS LEADERSHIP | [ ]  COMPENSATION & BENEFITS |
| [ ]  TALENT RETENTION | [ ]  PUBLIC SPEAKING | [ ]  RECRUITING & STAFFING | [ ]  DIVERSITY |
| [ ]  LEADERSHIP DEVELOPMENT | [ ]  CAREER CHANGE | [ ]  TRAINING & DEVELOPMENT | [ ]  EMPLOYEE RELATIONS |
| [ ]  SUCCESSION PLANNING | [ ]  PRESENTATION SKILLS | [ ]  ETHICS & SUSTAINABILITY | [ ]  STRATEGIC PLANNING |
| [ ]  MARKETING YOURSELF | [ ]  NEGOTIATING | [ ]  LABOR RELATIONS | [ ]  ORGANIZATIONAL DEVELOPMENT |
| [ ]  CAREER DEVELOPMENT | [ ]  STRATEGY & PLANNING | [ ]  SAFETY & SECURITY | [ ]  TECHNOLOGY & HRIS |
| [ ]  PROFESSIONAL CERTIFICATIONS | [ ]  OTHER:       | [ ]  NON-PROFIT | [ ]  OTHER:       |

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| **ACKNOWLEDGEMENTS:** |
| INITIAL:       | I understand that I must be a member of SHRM in good standing in order to participate in the ASHRM Mentoring Program.   |
| INITIAL:       | I understand that the mentoring program requires me to commit to meeting regularly with my Mentor for a minimum of once per month, for the duration of the program (6 months) and I agree to this.  |
| INITIAL:       | I understand that I may not be able to be paired exactly to match my preferences, however, I still would like to participate as a Mentee.  |
| INITIAL:       | I understand that if I am matched to a Mentor that I will attend a mandatory orientation session at the beginning of the program. |
| **SUBMISSION INSTRUCTIONS:** |
| Thank you for taking the time to complete the ASHRM Mentoring Program application! Please remember to attach a copy of your current resume. Please email your completed application package to **ashrmmentor@gmail.com** with subject line “SHRM Mentoring Application”. The ASHRM Mentoring Committee, which is comprised of ASHRM volunteer leaders, will review your application and contact you via phone with a decision in early October. Your application must be received ON OR BEFORE September 30, 2018 in order to be considered for the program. Information gathered during the application process will remain strictly confidential and will be used solely for the purpose of the ASHRM Mentoring Program.  |