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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL INFORMATION:** | | | | | | | | |
| NAME: |  | | | PERSONAL EMAIL: | |  | | |
| PHONE NUMBER: |  | | | PROFESSIONAL EMAIL: | |  | | |
| PREFERRED METHOD OF CONTACT: | | | PERSONAL EMAIL | | PROFESSIONAL EMAIL | | OTHER: | |
| MEMBER OF SHRM (Y/N): | |  | | ARE YOU INTERESTED IN RECERTIFICATION CREDITS?: | | | |  |



**ASHRM MENTORSHIP PROGRAM**

MENTOR APPLICATION

**ASHRM MENTORSHIP PROGRAM**

MENTOR 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: |

|  |  |
| --- | --- |
| **MENTORSHIP PROGRAM GOALS:** | |
| WHY DO YOU WANT TO PARTICIPATE IN THE ASHRM MENTORSHIP PROGRAM? |  |
| PLEASE IDENTIFY PROFESSIONAL DEVELOPMENT AREAS WHERE YOU CAN PROVIDE MENTORING EXPERTISE: | |
| BALANCED SCORECARD | MANAGING OTHERS |
| TALENT RETENTION | PUBLIC SPEAKING |
| LEADERSHIP DEVELOPMENT | CAREER CHANGE |
| SUCCESSION PLANNING | PRESENTATION SKILLS |
| MARKETING YOURSELF | NEGOTIATING |
| CAREER DEVELOPMENT | STRATEGY & PLANNING |
| PROFESSIONAL CERTIFICATIONS | 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 Mentee 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 Mentor. |
| INITIAL: | I understand that if I am matched to a Mentee 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 “ASHRM Mentor 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. | |