

APPA **Mentee** Application

Name: _____

Institution: _____

Position: _____

Address: _____

City: _____ State/Province: _____ Zip Code: _____

Country: _____

Phone: _____ Email: _____

Gender: Male Female

Age Range: 18-28 29-39 39-49 49-59 59+

APPA Region: CAPPa ERAPPa MAPPA PCAPPa RMA SRAPPa

APPA Chapter: _____

Professional Biography (*Enter a short professional biography including position titles—Maximum 150 Words*):

Personal Interests or hobbies (*enter any personal interests or hobbies—Optional, Maximum 50 Words*):

Contact APPA at mentoring@appa.org if you have questions.

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Professional Profile:

What are your Career Goals in *(Maximum 150 words each)*:

1-3 years

3-5 years

And beyond

What are your current strengths? *(Maximum 100 words)*:

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What are you hoping to gain from the APPA Mentorship Program—Knowledge, Skills, Abilities, etc.?
(Maximum 150 Words):

List at least one key area for improvement. *(Maximum 150 Words):*

Describe your ideal mentor including, for example, area of work, years of experience, competencies, etc.
(Maximum 150 Words):

Do you have any special requests or unique needs that you would like to identify? *(Maximum 150 Words):*

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Current facilities management employment status:

- Full-time
- Part-time
- Temporary
- Retired
- In a career transition
- Other: Please describe _____

Please list 2 professional references:

Name _____

Relationship _____

Contact Information _____

Name _____

Relationship _____

Contact Information _____

Do you have a mentor in mind? Yes No

If yes please list here:

Name _____

Relationship _____

Contact Information _____

Please attach your resume.

Program Checklist:

- I understand that registering for the APPA Mentoring Program does not necessarily guarantee participation in the mentoring program if APPA cannot make a suitable Mentor match.
- I am able to attend monthly meetings during the program duration unless otherwise agreed with my assigned Mentor.
- I understand that I may have to travel to my Mentor's workplace to attend meetings.
- I understand that my Mentor has volunteered for the program that the relationship is learning based. The APPA Mentoring Program is not an employment placement program.
- I understand that I must take ownership of arranging meetings, times and locations and work with me.
- I have the full permission and support of my employer and direct supervisor in participating the APPA Mentorship Program.

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Please list contact information for your supervisor:

Name _____ Position _____

Email _____ Phone _____

What is your preferred method of regular contact with your mentor?

- Face to Face
- Skype or Web Conference
- Email
- Phone
- Other preferred options (*Please list options—Maximum 30 Words*)

Thank you for your Mentee application. APPA staff will be in touch to introduce you to your mentor.

Return your completed application to:

Suzanne Healy
Director of Professional Development
APPA
1643 Prince Street
Alexandria, VA 22314
P: 703.542.3833
suzanne@appa.org

Contact APPA at mentoring@appa.org if you have questions.