

SAF/IA Mentorship Program Application (Mentee)



Name: _____ Division: _____
Email: _____ Date: _____
Grade/Rank: _____ Position: _____

Instructions: *Please answer the following questions in as much detail as possible. Upon completion, please click "submit form" on the top right hand corner of the form or email with subject line "Mentorship Program Application," to Mr. Gordon-Michael Cox, SAF/IAPA, GordonMichael.Cox@pentagon.af.mil*

Experience: List professional experience, highlighting leadership experience and accomplishments that will contribute to a successful mentorship relationship.

1. Please answer each of the following questions:

▪ Have you ever been a mentee before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
▪ Have you ever had a mentee before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
▪ To the best of your knowledge, will you be in your current role for the next 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	The next 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
▪ How long will your ideal mentoring relationship last?	6 months <input type="checkbox"/>	9 months <input type="checkbox"/>	1 year <input type="checkbox"/>	Over 1 year <input type="checkbox"/>

2. What are your professional goals for the next three to five years?

3. What are your top personal priorities, interests, and/or goals?

4. Why do you want to be a mentee in this program?

5. What skills, knowledge, etc., do you want to develop through this program?

6. In your opinion, what is the most important goal of mentorship?

7. What will make this program a success for you?

8. What else do we need to know about you to match you with the right mentor?

Signature below indicates agreement to participate in the SAF/IA Mentorship Program as a mentee for a minimum of 6 months. The participant agrees to:

1. Attend the appropriate orientation and training workshop
2. Meet at least once a quarter with assigned mentor for a minimum of one hour each time
3. Communicate with SAF/IAPA Human Capital Development Branch to report progress, address concerns, or make suggestions for future program improvements
4. Participate in the evaluation of the program by completing surveys, interviews and other means of evaluation

Signature _____

Date _____

Signature below indicates supervisor's agreement to support the employee listed above during their participation in the SAF/IA Mentorship Program. The supervisor agrees to:

1. Allow schedule flexibility for meetings with mentor
2. Interact with employee's mentor, if requested, to ensure employee success
3. Communicate with SAF/IAPA Human Capital Development Branch to report progress, address concerns, or make suggestions for future program improvements

Signature _____

Date _____