

PLEASE PRINT!

This information will be used to match you with a mentee. Thank you for your interest.

Name: _____ e-mail: _____

Campus Department: _____ Campus Box: _____

Office Phone: _____ Other number (optional): _____

If you have a degree, what was your major? _____

Department/Job/position on campus: _____

Do you have a special area/unit expertise on our campus? _____

Other information you feel is relevant: _____

In addition to being a mentor, what committee would you like to help with in the Women's Mentoring Network? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Recruiting/Matching |
| <input type="checkbox"/> Communications/Marketing | <input type="checkbox"/> Programming |
| <input type="checkbox"/> Conference Planning | |
| <input type="checkbox"/> Willing to provide a program on the following topic: _____ | |

What days and times generally are best for you to participate in activities the Women's Mentoring Network offers?

Sunday:	Wednesday:
Monday:	Thursday:
Tuesday:	Friday:
	Saturday:

The following information is optional. It will be used to better assist us when matching mentors with mentees.

Marital status: _____ If you have Children (gender & age): _____

Date of Birth (optional): _____ Are you currently enrolled in class(es)? _____

What interests/hobbies/sports do you enjoy? _____

I would like to register my email address for the Women's Mentoring Network listserv.

Note: The Women's Mentoring Network listserv is intended to be a source of communication for members the Women's Mentoring Network.

Please return this form to:
Michelle Schuline
Illinois State University
Campus Box 4070
Normal, IL 61790-4070
mmschul@ilstu.edu