



APPA MENTEE APPLICATION

Name: Name
Institution: Institution
Position: Position
Address: Address 1
Address: Address 2
City: City
State/Province State/Province Zip Code: Zip Code
Country: Country
Phone: Phone
Email: Email

Gender:

- ☐ Male
☐ Female

Age Range:

- ☐ 18-25
☐ 26-30
☐ 31-35
☐ 36-45
☐ 46-55
☐ 56+

APPA Region: APPA Region
APPA Chapter: APPA Chapter if applicable

Professional Biography: Enter a short professional biography including position titles.

Personal Interests or hobbies: Enter any personal interests or hobbies. (Optional)

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.

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
- ☐ Social Media (Please list options) [Social Media Options](#)
- ☐ Other preferred options (Please list options) [other preferred options](#)

Professional Profile:

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

[Career Goals, 1-3 years](#)

[Career Goals, 3-5 years](#)

[And Beyond](#)

What are your Current Strengths? (Maximum 150 words):

[Click here to tell us about your current strengths](#)

What are you hoping to gain from the APPA Mentorship Program? (Maximum 150 Words):

[Knowledge, Skills, Abilities, etc.](#)

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

[Click here to tell us about one key area for improvement](#)

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

[Click here to tell us about your ideal mentor](#)

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

[Click here to tell us about your special requests or unique needs](#)

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?

If yes please list here:

Name
Relationship
Contact Information

Please attach your resume.

Thank you for your Mentee application. APPA staff or a member of the Mentorship Program Steering Committee will be in touch to introduce you to your mentor.

Return your completed application to:

John P. Morris, P.E., CEF
john.morris@nau.edu
Northern Arizona University
PO Box 6016
Flagstaff, AZ 86011-6016