

## College of Liberal Arts (COLA) Professional Mentoring Program Mentor Application

Thank you for your interest in the COLA Professional Mentoring Program. Please submit your completed application to:

College of Liberal Arts liberalarts@wright.edu 163

Millett Hall 937-775-2225

Dayton, OH 45435-0001 937-775-2181 (FAX)

The COLA Professional Mentoring Program links junior and senior liberal arts students with mentors who will assist them in making the transition from their college experience into the professional world. As a mentor, you will have the opportunity to share your experience, knowledge, and skills with a student with the intent to develop his or her professional growth. Focus areas are not limited to but could include job shadowing, invitation to networking events, elevator speech and interview preparation, resume and cover letter review, business etiquette, and social media/personal branding.

## **Mentor Responsibilities**

- Participate in a mentor orientation.
- Communicate with your mentee at least twice per semester at mutually convenient times. Face-to-face interactions are encouraged but other touch points can include calls, emails, texts, and social media messages.
- Be persistent in establishing a relationship with your mentee.
- Maintain confidentiality whenever appropriate.
- Notify the program coordinator of concerns about the development of the relationship and/or success of the student.
- Provide feedback on the program at the end of the semester.

## To ensure a positive and beneficial experience, we ask that Mentors possess:

- An encouraging and supporting personality
- Strong interpersonal skills and self-reflection
- At least five years of professional experience post bachelor's degree
- A network to draw on as a resource to assist their Mentee

NOTE: Mentors do not need to be alumni of Wright State University to participate nor are they expected to offer job/internship opportunities for their mentees.

Title / First Name / Last Name	Preferred Conta	act Phone Number	Business Cell Home
Gender Identity	Preferred Name	Preferred	Pronouns (ex.: she/her, he/his, they/their)
Street Address	City	State/Zip	Preferred Email Address
Contact Preference: Email	Phone Text No prefe	rence Other	
Fall semester meeting availability	y (check all that apply): Morning	ng Afternoon [	Evening MonFri. Weekend
I learned about this mentoring pr	ogram from:		
I would like to participate in t	his program during: Fall sen	nester	ll and Spring semesters

Company/Organization	Title	
Industry (e.g., consulting, education, law, etc.)	ustry (e.g., consulting, education, law, etc.)  Job Function (e.g., management, operations, etc.)	
Additional Information:		
Highest Degree Earned	Areas of Expertise	
Undergraduate University	Undergraduate Major/Minor	Year Degree Awarded
Graduate University	Field of Study	Year Graduate Degree Awarded
Why do you want to be a mentor in tl	his nrogram? What do you ho	ne to gain from this evnerience?
What type of experiences do you envi	sion providing for your mente	e?
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