



MENTOR APPLICATION FORM

2016-17 OASBO MENTORING PROGRAM

Contact Information

First Name _____

Last Name _____

Email: _____

Phone # _____

Degrees/Certifications/Licensures held: _____

Currently Employed (Yes or No) _____

Latest District Information

District _____

District Address _____

City & Zip Code _____

County _____

ADM _____

General Fund Budget _____

Title _____

Length of service _____

If a Food Service Professional: _____

 number of buildings served: _____

 number of meals served: _____

Previous District Information

District _____

County _____

ADM _____

General Fund Budget _____

Title _____

Length of service _____

Leadership Roles

OASBO Leader Positions _____

Other Leadership Roles _____

Other Strengths _____

Unique and Special Qualifications _____

Your Preferences for a Protégé

Program Commitment

I understand that working as a mentor can be an extremely rewarding experience, and I appreciate that the beneficial outcomes require:

- * A professional commitment to sharing openly, communicating effectively, and learning from each other.
- * A personal commitment of my time to attend training.
- * A supporting commitment from my supervisor for participation in the program.

Please complete this form, save it to your computer, then email as an attachment to Mentors@OASBO-Ohio.Org.