



PROTÉGÉ APPLICATION FORM

2016-2017 OASBO MENTORING PROGRAM

Contact Information

Name:

Title:

District:

Address

City, State, Zipcode

County:

Phone:

Email:

Previous Employment

Place of Employment

Position

Length of service

Matching Information

Department/Functional Area:

District ADM:

Length of time of current employment:

Years of school district experience:

Degrees/Certifications/Licensures held:

If a Food Service Professional:

number of buildings served:

number of meals served:

How long have you been an OASBO member?

Your interests, hobbies, background

Any other information we should know about your preferences in a mentor?

Program Commitment

I understand that working in a mentor/protégé relationship can be an extremely rewarding

- * 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.