Kent School of Social Work Mentor Program Application

Are you a mentor _____ or a mentee _____?

Name: _____

Address:_____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

How far are you willing to travel to meet your mentor/mentee? _____

Year of graduation from Kent: _____ Length of time in practice: _____

Areas of Practice/Expertise (or desired area to practice in the future):_____

_____

Level of involvement you are willing to commit to the relationship and activities you would like to participate in: (Circle any you are willing)

i. a. Phone b. Email

c. In-Person (one on one) d. In-person (in dyads or group)

ii. a. Lunch/dinner b. Coffee c. Meet in office

d. Other (please specify)_____

iii. a. 1 hour/month

b. More than 1 hour/month (please specify)_____

Miscellaneous information (i.e hobbies, family interests, etc…): _____

_____

_____

I have read and agree to abide by the National Association of Social Workers Code of Ethics.

Print Name: _____

Sign Name: _____

Please fill out the application if you are interested in mentoring a Kent School Student, and fax this form to Jodie Tingle-Willis at (502) 451-0896. If you have questions about the mentoring program, please feel free to contact Jodie Tingle-Willis at (502) 515-0415.