

Mentor Request Form

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Current Job Title _____ LEA Name _____

Years of cabinet/administrative level experience _____

PASBO Regional Chapter (if applicable) _____

Main software program(s) used _____

Area(s) in which you need mentoring (i.e. specific required reports, PA School Code, policies, specific software, leadership, or specific topics or activities within this area of school business)

Desired engagement level w/mentor (i.e. reach out as needed, regularly scheduled/planned communications/meetings, etc.)

Current Career goals

Other important information we should know to better match you with a mentor

As a mentee I am committing to:

- Communicating and meeting with my mentor on a regular basis.
- Checking emails regularly and responding promptly and professionally to email/phone calls.
- Showing appreciation to my mentor.
- Notifying Bobbi Billman, PASBO's Director of Member Development, if I am having concerns about my mentor relationship.

Signed: _____ Date _____

Once completed, send to Bobbi Billman, Director of Member Development, at bbillman@pasbo.org