

# Mentor Request Form

Please fill out the form below so that we can pair you with the best mentor to help you with your professional development.

**Contact Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Current Job Title \_\_\_\_\_

LEA Name and Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PASBO Chapter Association \_\_\_\_\_

Area of Mentorship Request \_\_\_\_\_

My career goals right now are:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would like to be matched with a mentor who have the following experiences/interests:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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](mailto:bbillman@pasbo.org)**