

Mentor Form

Please fill out the form below so that we can pair you with the appropriate mentee(s) so that you can help them in their professional development.

Contact Information:

First Name _____ Last Name _____

Phone Number _____ Email Address _____

Current Job Title _____

LEA Name and Address _____

PASBO Chapter Association _____

Area of Mentor Expertise _____

Years of Experience in School Business _____

As a Mentor I can provide:

I would like to be matched with a mentee(s) who are looking for professional development in the areas:

As a mentor I am committing to:

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

Signed: _____ Date _____

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