



# LEA COUNTY WOMEN'S NETWORK MENTOR PROGRAM APPLICATION



NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOW DO YOU WANT US TO SEND YOU REMINDERS? \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT (OR GUARDIAN) EMERGENCY CONTACT:

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

MY CHOSEN CAREER FIELD IS:

FIRST CHOICE \_\_\_\_\_

SECOND CHOICE \_\_\_\_\_

### WAIVER

I/WE \_\_\_\_\_ APPROVE OF \_\_\_\_\_

PARTICIPATING IN THE LEA COUNTY WOMEN'S NETWORK (LCWN) MENTOR PROGRAM AND AGREE NOT TO HOLD LCWN/MENTOR LIABLE FOR ANY ACTION OR NON-ACTION DURING \_\_\_\_\_'S PARTICIPATION IN THIS PROGRAM. I/WE ALSO APPROVE OF THE USE OF ANY PHOTOGRAPH TAKEN AT A SPONSORED EVENT FOR USE BY LCWN IN PROMOTIONAL OR INFORMATIONAL RELEASES.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

I understand that I will have to be approved for the Mentorship Program and must have my parent's or guardian's signature.

\_\_\_\_\_  
Applicant's Signature

Today's Date \_\_\_\_\_

### GOAL OF LCWN MENTORSHIP PROGRAM:

To provide professional Lea County women as mentors for young women who would benefit from advice and guidance from someone already established in their career of choice.



# GETTING TO KNOW YOU

## Mentor/Mentee Discussion Outline



1. Who am I? (describe yourself) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Where do you go to school and where do you work? \_\_\_\_\_  
\_\_\_\_\_
3. What do I like about my present job/school? \_\_\_\_\_  
\_\_\_\_\_
4. My greatest happiness is \_\_\_\_\_  
\_\_\_\_\_
5. My strengths include \_\_\_\_\_  
\_\_\_\_\_
6. My dislikes include \_\_\_\_\_  
\_\_\_\_\_
7. Some of my hobbies are \_\_\_\_\_  
\_\_\_\_\_
8. What would you like to accomplish in life? \_\_\_\_\_  
\_\_\_\_\_
9. Describe what you want your life to look like 5 years from now. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_