
Young Leaders Program Application Form

Contact details:

Name: _____

Address: _____

Phone: _____

E-mail address: _____

Skype ID: _____

LinkedIN: _____

Interest:

I want to be a mentor

I want to be a mentee

Mentor - What experience would you like to share with your mentee:

No	Experience
1	
2	
3	
4	
5	

Mentee - What learning goals do you have for the program:

No	Learning Goals
1	
2	
3	
4	
5	

Expectations:

No	Expectations of mentor / mentee relationship
1	
2	
3	
4	
5	

Current Experience:

	Company	Sector	Timeframe	Position	Detail of Experience
1					
2					
3					
4					
5					
6					

Agreement:

		Yes	No
1	Are you willing to commit to 1-2 hours every month for at least one year?		
2	Have you been a mentor or mentee (informally or in a program) before?		
3	If yes, please describe your experience:		
4	Is there a mentor / mentee who you would like to be matched with?		
5	If yes, please provide name:		

By completing this application form, you agree to the goals and purpose of the Academy's program. The Academy encourages an open exchange of information and ideas between members participating in the program. However, the Academy does not review detail of the communications and does not guarantee or endorse the accuracy of any information exchanged between mentor and mentee.

You agree that you will participate in the mentor program in a manner consistent with the Academy's mentoring guidelines. You further agree to completely release the Academy, and its directors, from all claims, judgments, demands, liabilities, and actions that you may have arising out of, or in any way relating to, your participating in the mentorship program.

I agree with the above terms, conditions, and goals of the program.

Signature