

Mentee Application

Individuals requesting a Mentor

Name:

Preferred Phone (Work/Home/Mobile):

Address:

Email:

Employer:

Job Title:

Years in Business:

Preferred Method of Contact (Email/Phone):

Desired method of mentoring:

Face-to-Face Email Skype Telephone

When are you generally available: Daytime Evening Weekend

Career aspirations:

What experience / background would you like a mentor to possess:

What are you looking to gain from working with a Mentor:

Have you had/do you have a mentor now? Yes No

If yes, what did you like or dislike?

Do you attend Arizona CPCU Society Chapter meetings on a regular basis?

Signature:

Date:

Please Return Form to:

Brett Clausen, CPCU, CIC, CLSSBB, Mentoring Committee Chair at brett.clausen@fbfs.com