

Mentor Application Individuals requesting a Mentee

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

Area(s) of Expertise:

What do you hope to gain from becoming 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?

Within the past 10 years, have you been convicted of any felony or misdemeanor, an offense of public indecency, or violation involving state/federally controlled substance? Yes No

CPCU may perform criminal checks of all volunteers for the position of mentor. By signing this form, you agree that you may be subject to a background check.

Signature:

Date:

Please Return Form to:

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