



MENTOR FORM

Form No. _____

Name _____ Gender: _____ Email: _____

Address: _____ Cell: _____

Education:

- Graduation Masters PhD
 Other (please specify): _____

Work Experience:

Position	Year(s) From –To	Organization	Major Responsibilities

Professional Interests:

Mentoring relationships often are more successful when Mentors and Mentees share similar professional/career interests.

Please describe your professional interests that you would like to share with mentee:

<input type="checkbox"/> Monitoring and evaluation	<input type="checkbox"/> Report Writing/ Communication	<input type="checkbox"/> Proposal Writing
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Career Growth	<input type="checkbox"/> Institutional Development
<input type="checkbox"/> NGO Management	<input type="checkbox"/> Health	<input type="checkbox"/> Education
<input type="checkbox"/> Emergency	<input type="checkbox"/> Livelihood	<input type="checkbox"/> Child Rights
<input type="checkbox"/> Advocacy	<input type="checkbox"/> Leadership & Management	<input type="checkbox"/> Youth Development

Other: _____

Gender Preference (Mentee):

- Male Female No Preference

What motivates you to be a mentor?

-
-

What type of mentoring you would like to do?

- Professional (work, performance, productivity)
 Personal (issues, problems)
 Networking Opportunities
 Other _____

Please review the list below and **rank order the top three qualities** that are most important in a potential Mentee, with **1 being the most important quality**.

- Lives in the same geographic area
- He / She should be working in the same thematic area in which you are working
- Is involved in the same professional as I am

How often would you like to have contact with your mentee? (Please check one)

- | | | |
|---|--|--|
| <input type="checkbox"/> Once a week | Preferred Time | |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> working hours | <input type="checkbox"/> Evening |
| <input type="checkbox"/> Once in two months | <input type="checkbox"/> Weekends | <input type="checkbox"/> No Preference |
| <input type="checkbox"/> No preference | | |

What sort of communication you would like with mentee?

- Email
- Telephone/Mobile
- In person
- No preference

Do you need any Financial compensation: _____

Is there anything else we should know that may be helpful in pairing you with a mentee?

I give consent for information sharing with my mentee after I have been successfully matched.

- YES NO

Undertaking: I confirm the information provided above is authentic.

Signature of Mentor: _____

Date: _____

7: FOR OFFICE USE

<p><i>Forms & Fee Received:</i> _____</p> <p><i>Membership Approved:</i> _____</p> <p><i>Reason if rejected:</i> _____</p> <p><i>Received By & approved:</i> _____</p> <p><i>Comments if any:</i> _____</p> <p><i>Signature:</i> _____</p>
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Note:

1. CDP of ASK reserves the right to refuse membership to any member without assigning any reason.
2. Member will not hold CDP responsible for its internal and external affairs.
3. CDP may cancel membership of any CDP member if individual indulge in any sort of illegal, immoral or anti society activities.