



MeckGOP Mentorship Program Application

Name: _____

Address: _____

Email: _____

Phone Number: _____

Current Job Title: _____

Current Company/Organization: _____

Industry: _____

Major(s)/Field of Study: _____

School(s) Attended: _____

Your Hometown: _____

I have lived and worked outside of the United States Yes No

I am currently or have been a working parent Yes No

What qualities do you prefer in a mentee? _____

What do you hope to gain from this mentorship experience? _____

How do you prefer to meet with your mentee? You may select multiple options

In Person (Professional Venue) Virtually No Preference or Limitations

In Person (Personal Venue i.e. Home) No Preference or Limitations

What time of day do you prefer to meet with your mentee? You may select multiple answers.

Mornings Before Work During Work Hours (9-5pm) Evenings After Work

Weekends Flexible Other _____

Forms can be returned via email to vicechairman@meckgop.com