**GATEWAY CAREER SERVICES ASSOCIATION**

**Colleague Connections Mentoring Program Application**

If you are interested in participating, please complete the questions below and return with a current resume to Eliza Angarano at eliza.angarano@slu.edu **.** We match GCSA members based on experience level, career background, geographic proximity and availability at time of application. While participants determine the amount and length of communication, we ask you to attempt to meet face-to-face at least once each semester, and have ongoing communication via e-mail and telephone to maximize the benefits for both individuals.

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position Title and School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Please indicate your area of interest below:

\_\_\_ I am a Career Services professional who would like to be a protégé.

\_\_\_ I am a Career Services professional who would like to serve as a mentor.

1. How often do you wish to communicate with your mentoring partner, either via e-mail, phone, or face-to-face?

 \_\_\_ One time per month \_\_\_ One time per quarter

 \_\_\_ Two times per quarter \_\_\_ Open

1. What is the size of your institution?
2. If serving as a **MENTOR**, please answer the following questions:

 a) Do you feel comfortable mentoring on a peer level (e.g., Director to Director instead of Director to Assistant Director)?

 b) What ideas do you have for assisting your protégé in his/her professional development during this program?

1. If registering as a **PROTEGE**, please answer the following questions:

 a) Would you feel comfortable having a peer mentor (e.g., Assistant Director to Assistant Director)?

 b) What are your expectations from this program? What do you hope to learn/gain?

**Please submit a copy of your current resume with this form so we can more effectively match GCSA professionals**