

## *Faculty and Staff Mentorship Profile*

Title	First	Last

**Department**

**Building/Room**

**Office Phone**

**E-Mail Address**

**What is your preferred method of communication?**

**Email**

**Phone**

**Office Visit**

**No preference**

**Position Title**

**What is your affiliation with the Mentorship Program?**

**New Participant**

**Veteran**

**How many students are willing to mentor?** \_\_\_\_\_

**What do hope to gain through your participation in the Mentoring Program?**

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**Please return Profile Sheet to Michelle Lilly in building 19/133**