DCGIA Chapter January 1, 2012

## **DCGIA MENTOR SIGN-UP FORM**

Thank you for your interest in participating in the DCGIA Mentoring Program. Our goal is to create a program that will encourage the development of a meaningful mentoring relationship between each mentor and mentee.

First, we want to know more about you and your interests and skills so we can better match the interests of mentors and mentees. Please take the time to answer the brief list of questions, and complete the application below. All information you provide will be kept confidential.

<b>Contact Information:</b>			
Date:			
First Name:		ame:	
Job Title:			
Company Name:			
Work Address:			
		 Zip:	
<b>Gender:</b> □ Female □ Male	<u>,</u>	Year of Birth: (yyyy)	
Questions:			
My preferred contact informati			
I	Email		
(	Cell Phone		
Is there an AGE Range or Gen	der preference f	or a prospective Mentee?	
My area of specialty and certif	ications are as: _		
I am available as a mentor abo	ut: D all that apply)		
Learning about career choices	D an mai appry)		
Sharing his/her own experience	es.		
Education issues:	<b>-</b> 5.		
Course selection			
Course review			
Test preparation			
Study habits			
Time management			
How to use equipment			
Practice Gem Identifica	ation		
Learn more about jewe	lry appraising		
Finding a part-time or f		le I am in school	
Other			

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I am typically available on the following Days and Times to meet and work with a Mentee:

I am willing to: (Circle or BOLD that which applies)

Drive 20 miles 50 miles 100 miles to meet and provide the support the Mentee needs.

Meet in: (Circle or BOLD that which applies)

The Mentees' Home or Work place.

My Home or Work place.

In a public Library or other location mutually agreed upon.

Other –

I have equipment that I would make available during the Mentoring meetings, such as:

Any additional information or thoughts that you would like to share or think should be included on this form, please note them below.