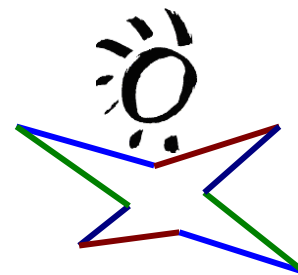


**Olds & District Chamber of Commerce
LEADERSHIP TRAINING PROGRAM
MENTOR INFORMATION FORM**



Name	
Mailing Address	
Postal Code	
Phone	
E-mail	
Fax	
Employer	
Position	
Areas of Expertise	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Have you ever been a mentor? Yes No If yes, what kind:
2. Have you ever been mentored? Yes No If yes, what kind:
3. Are you willing to participate in a Mentoring Workshop? Yes No
4. What topics do you feel most prepared to discuss with a mentee?
5. What do you hope the mentee will gain through the mentoring relationship?
6. What will you gain from the mentoring relationship?
7. How much time are you willing to commit to the mentoring relationship?
8. Is there anything that you would like to add about yourself or your interests that would help us match you to a participant?

Thank you for helping the community to grow through your mentorship!



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