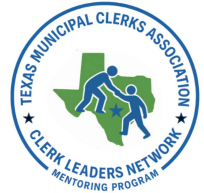




Mentee Application



Applicant Information

Name: _____ Date: _____

City of Employment: _____

Population _____ Home Rule City General Law City

Phone: _____ Email _____

Current Position: _____ Total Years as a Clerk or Deputy Clerk: _____

Skills

Please select the skills below in which you would like to be mentored.

Agenda and Minutes Preparation: Public Information:

Records Management: Election Administration via contract:

Creating/Amending a City Charter: Charter Amendments:

Recall, Referendums and Initiatives: Resolutions, Ordinances, and Proclamations:

Employee Benefits: Planning and Development:

Economic Development Corporation: Social Media Do's and Don'ts

Budgeting: Human Resources:

Legal Notices: Municipal Court Clerk:

Payroll: Other Skill not listed: _____

Other Skill not listed: _____ Other Skill not listed: _____

Leadership Skills and Personality

The Empowering Team has been created to Promote Knowledge Sharing, Enhance Professional Development, Build a Supportive Community, Encourage Leadership, Increase Job Satisfaction, and to Adapt to Change. The answers provided below will help with the matching process of mentor to mentee. It is our hope to find a mentor/mentee relationship that will challenge both to achieve goals, share knowledge, create quality relationships, and more. Thinking of these objectives please answer the questions below.

- | | | |
|--|---------------------------------|--------------------------------|
| Will you accept ethical, unbiased, advice and support with your mentor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will you be able to dedicate the time necessary to establish regular contact? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do consider yourself an extrovert? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do consider yourself an introvert? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you feel comfortable sharing stories of both success and failures with your mentor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you keep an open mind when it comes to the beliefs of others? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please share anything you think would be helpful in matching you with a mentor.

Signature: _____ Date: _____