

**ARAB AMERICAN WOMEN'S BUSINESS COUNCIL**

22952 Outer Dr, Dearborn, MI 48124

313/277-1986 - [www.aawbc.org](http://www.aawbc.org)



**MENTORING FORM**

Full name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Degree(s) earned/field of study: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Current employer/title: \_\_\_\_\_

Do you wish to (select all that apply)  Be mentored?

Mentor?

**Mentees:**

List career goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List mentoring goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List some benefits you expect to gain from a mentoring relationship: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Mentors:**

List field(s) of expertise for mentoring: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I agree to invest time and energy in a mentoring partnership

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_