

ARAB AMERICAN WOMEN'S BUSINESS COUNCIL

22952 Outer Dr, Dearborn, MI 48124

313/277-1986 - 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: _____