Emerging Professionals Mentee Application

This Application is made and entered into on _____
date

Mentee

First Name/Last Name:
Company Name:
Phone:
Email:

What services would your ideal mentor provide:

- ☐ A sounding board/advice
- ☐ Career coaching (helping you create a career plan, goals, etc.)
- ☐ Both

Select the following areas you want your mentor to have experience with (where '1' is top priority, '2' is your 2nd choice, and n/a is not applicable):

Manger/Owner	
Third Party Management	
Asset Management	
Facilities Management	

List areas of expertise you are hoping your mentor has experience with (i.e. budgeting, HVAC, leasing):

_____

_____

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_____

Which meeting format works best for you? Please select only one:

- ☐ Only one in-person Introductory Session and one in-person regular session, with the other sessions via phone
- ☐ Half in-person and half via phone
- ☐ All in-person
- ☐ No preference

What would you like to get out of this program?

_____

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