



MICHIGAN CHAPTER APA FAICP MENTORING PROGRAM

Mentee Information

Name:

Phone:

Email:

Location:

Current employment and position, or other:

Briefly describe your goal(s) in meeting with a mentor:

Describe the experiences you would prefer a mentor to have:

Are you able to meet on Zoom?

How far would you be willing to travel to meet in person?

Indicate times during a typical week that work best for you to meet.

Please complete and email this form to Andrea Brown at abrown@planningmi.org