**CAPC MENTORSHIP PROGRAM**

Mentee Application Form

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| CONTACT INFORMATION | |
| NAME |  |
| INSTITUTION /COMPANY |  |
| MAILING ADDRESS |  |
| PHONE |  |
| FAX |  |
| EMAIL |  |
| CAPC MEMBERSHIP \_YES \_NO | IF YES, MEMBER SINCE \_\_\_\_\_\_\_\_ |
| SPECIALIZATION(S): | |

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| EXPERIENCE |
| Please attach a resume to your application |

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| MENTORSHIP ACTIVITIES OF INTEREST | |
| \_\_Preparation for CAPC accreditation | \_\_Professional development |

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| WHY DO YOU WANT A MENTOR? What would you like to get out of a mentoring relationship? Include specific interests to introduce your conservation background. |

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| MENTEE PREFERENCES | |
| MEETING FORMAT | \_EMAIL \_PHONE \_ SKYPE \_ IN-PERSON  \_OTHER (PLEASE INDICATE) |
| MEETING FREQUENCY | \_ WEEKLY \_BI-MONTHLY \_ MONTHLY  \_ QUARTERLY |