**CAPC MENTORSHIP PROGRAM**

Mentee Application Form

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

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

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

|  |
| --- |
| 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.       |

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