



**Young Professionals Network**

**Mentorship Program Questionnaire**

**For Mentees**

Name:

Company Name:

Position held at company:

- I. Briefly describe your expectations of participating in this Mentorship Program.
  
  
  
  
  
  
  
  
  
  
- II. Have you ever participated in a similar program, and if so, what benefits did you see from your mentoring sessions?
  
  
  
  
  
  
  
  
  
  
- III. If you are not the owner or manager at your company, is your supervisor in support of this program if your sessions occurred during normal work hours?
  
  
  
  
  
  
  
  
  
  
- IV. Anything else you think your Mentor would need about you?

The session times (time of day and how often) will be determined at your first mentorship session, based on the agreement between Mentors and Mentees.

**Fax to Kim Lester, 624.4303, or email to [klester@joplincc.com](mailto:klester@joplincc.com)**