



MENTORING PROGRAM - MENTEE APPLICATION

Date: _____

Name _____

Home Address _____

Home# _____ Work# _____ Fax _____ Email: _____

Internship or Agency _____

Duties _____

Years at present internship/agency _____ Years in Jewish Communal Service _____

Educational Achievement _____ Congregation/Affiliation _____

Area of interest in Jewish Communal Service (i.e., Clinical, Group Work, Community Organization, Education, Policy, etc.)

Is there a type of person you generally seek out to discuss professional and/or personal issues or concerns? If so, what is their personal style, professional experience, their relationship to you, etc? _____

If you are currently employed, are there aspects of your current position that are less satisfying than you might like? If so, please describe. _____

In what areas are you most interested in growing professionally? _____

Why do you want a mentor? (i.e. in what way to you think this relationship will be most beneficial to you?)

Other personal interests and hobbies? _____

Specific mentor requests _____

Please attach a current resume or curricula vitae.

**PLEASE RETURN THIS FORM TO:
DFI, 1515 Reisterstown Road, 21208 or fax to 410 843-7482**