



## Mentoring: Power of 2

### Volunteer Mentor Application Form

NOTE: By completing this form, you give permission to MPI Ohio to publish the information you provide below on the Mentoring Page of [www.mpioh.org](http://www.mpioh.org). Once you are paired with a mentee, your information will be removed from the web site. We will maintain your information on file for the next optional enrollment period. You may withdraw your information at any time by contacting [mpioh@aol.com](mailto:mpioh@aol.com).

I AM A:		
<input type="checkbox"/> Corporate Planner <input type="checkbox"/> Association Planner <input type="checkbox"/> Government Planner <input type="checkbox"/> Independent Planner <input type="checkbox"/> Supplier <input type="checkbox"/> Third Party Planner		
NAME	DESIGNATION(S) <i>(EXAMPLE: CMP)</i>	
COMPANY	WORK PHONE	# OF YEARS IN THE INDUSTRY
E-MAIL ADDRESS	WORK CITY	# OF YEARS WITH MPI MN
MPI OHIO COMMITTEE(S) YOU SERVE, POSITION(S) YOU HOLD		
OTHER ORGANIZATIONS TO WHICH YOU BELONG		
PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CAREER PATH TO DATE		
PLEASE DESCRIBE YOUR AREAS OF MEETINGS EXPERTISE (I.E. NEGOTIATIONS, SELLING, CONTRACTS, LOGISTICS, ETC.)		
PLEASE DESCRIBE YOUR PROFESSIONAL STRENGTHS (I.E. TIME MANAGEMENT, TEAM BUILDING, MULTI-TASKING, ETC.)		
PLEASE DESCRIBE SOME OF YOUR KEY PERSONALITY TRAITS (I.E. OUTGOING/RESERVED, FAMILY-ORIENTED, TYPE A, ETC.)		

Once your form is submitted, we will review for possible inclusion on the Volunteer Mentor page of [www.mpioh.org](http://www.mpioh.org). If contacted by a prospective mentee, you may choose to establish a mentoring connection if you feel it will be a good match. If you agree to the pairing, you have a responsibility to meet with your mentee the agreed amount of times per month for up to 60 minutes, for three months. After the mentoring period ends, any extension of your mentoring commitment is at your own discretion.

Please e-mail form to [mpioh@aol.com](mailto:mpioh@aol.com).