



Truckee Meadows Community College

School of Sciences/Nursing Program/DOL Retention Program

MENTORING PROGRAM MENTOR PROFILE

Name: _____ What do you like to be called? _____

Home Telephone: _____ - _____ - _____ Cell: _____ - _____ - _____

Best Number to Contact You: Home Telephone Cell Phone E-mail: _____

Best Days and Time to Contact You: _____

Do NOT call Days and Times (please specify): _____

Age Range: 20-30 30-40 40-50 >50 What city do you live in? _____

Why do you want to be a mentor?

What do you hope to share with your mentee?

Where do you work and what is your specialty?

What are some of your interests (personal and professional)?

What are some of your dislikes?

Communication Preferences (check and rank: 1-4, 1 being high preference, 4 being lowest preference):

Telephone (Rank: ____) E-mail (Rank: ____) Text (Rank: ____) In-Person (Rank: ____)

Texting: Yes No

How would you like your mentee to contact you, initially?

Telephone E-mail

Do you have a special request concerning the mentee (student) you are matched with?

Please call Wendie, Mentor Program Coordinator, if you have any questions at 775-673-7056.

Please complete and return