

EXPERTISE ALLIANCE PROGRAM Mentee Application

PERSONAL INFORMATION

NAME		
MOBILE PHONE	E-MAIL ADDRESS	
OCCUPATION		YEARS OF EXPERIENCE
NAME/ADDRESS OF	PF EMPLOYER	
REQUIREMENTS It is a requiremen	S nt of application that you attach an up to date and complete CV or bio, web page or Linked	In.
PRELIMINARY Q	QUESTIONNAIRE	
1. What are your	r areas of interest?	

□ OTHER (please specify) _

2. Are there any specific challenges you are hoping to overcome?

3. Are there any areas in particular you require guidance on?

4. Are you able to meet at least three times with a mentor over a three month period?

Despite our best efforts, following the receipt of a completed application the Club cannot guarantee a suitable mentor will be found.

EMAIL TO **EA@ULCC.ORG** or FAX TO 312.692.2315 65 WEST JACKSON BOULEVARD | CHICAGO, ILLINOIS 60604