



MENTOR

Fostering Excellence in Hospitality

Mentee Application

Personal Information

(Please be assured that all information is kept strictly confidential, used for the mentoring selection process only)

Name: _____ Date: _____

Street Address:

Home phone: _____ Work phone: _____

Mobile: _____ Email: _____

Date of Birth ___/___/___ Age: _____ Gender: Male___ Female ___

Emergency Contact Name: _____ Phone Number: _____

Application Questions

Please answer all of the following questions as completely as possible.

1. Why do you want to participate in the Lewisham Foundation Mentoring programme?
2. Describe your proposed business, objectives and plans for the initial 5 years of the project.
3. Briefly describe your expectations for the Lewisham Foundation Mentoring programme:
4. Are you available to meet with your mentor eight hours per month and have contact at least once a week for a minimum of one year? Please explain any particular scheduling issues.

5. Are you willing to attend an initial mentee training session and two in-service training sessions per year after being matched?
6. Are you currently having any problems pertaining to your business?
7. Can you provide any additional background information that may be helpful to The Lewisham Foundation in matching you with an appropriate mentor?

Business History

Name of business	Year	Key responsibilities	Reason for exit

Please read this carefully before signing:

The Lewisham Foundation appreciates your interest in becoming a mentee. This application is intended as a means of evaluating your eligibility to participate in Lewisham Foundation Mentoring Programme.

After receiving this completed application from you, the Mentoring selection panel will evaluate the information and send you a letter letting you know if you have been accepted into the mentoring programme. Much of the information you supply in this application packet will be used to match you with an appropriate mentor. Therefore, the mentoring staff may, at times, need to access and share this information with prospective mentors and other parties when it is in the best interest of the match. However, we do not reveal names until there is an initial interest from the mentee and mentor based first upon anonymous information provided about each other.

Please initial each of the following:

_____ I agree to follow all mentoring program guidelines and understand that any violation on my part may result in suspension and/or termination of the mentoring relationship.

_____ I release The Lewisham Foundation of all liability of injury, death, or other damages to me, family, estate, heirs, or assigns that may result from my

participation in the programme, and hold harmless any Lewisham Foundation mentor, programme staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ (optional) I agree to allow The Lewisham Foundation to use any photographic images of myself taken while participating in the mentoring programme. These images may be used in promotions or other related marketing materials.

I understand I must return all of the following *completed* items along with this application, and that any incomplete information will result in the delay of my application being processed:

- Contact and Information Release Form
- Interest Survey Form

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Applicant Signature

Date

Please return or mail this application and the items listed above to The Lewisham Mentoring Programme Coordinator, Lewisham Foundation

Prepared by The Lewisham Foundation

June 2006

CONFIDENTIAL

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