

**WASBO MENTORING PROGRAM  
MENTOR APPLICATION**

Name: \_\_\_\_\_

Title: \_\_\_\_\_ District: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Matching Information** To help in matching, please tell us about yourself.

Job Responsibilities: \_\_\_\_\_

District Enrollment: \_\_\_\_\_

Employed at current district since: \_\_\_\_\_

Years of school district experience: \_\_\_\_\_

WASBO Regional: \_\_\_\_\_ CESA \_\_\_\_\_

Certifications/Licensures held: \_\_\_\_\_

Are you currently a WASBO member?    Yes    No    If yes, for how long: \_\_\_\_\_

What do you hope to achieve by participating in the WASBO mentoring program:

\_\_\_\_\_  
\_\_\_\_\_

Is there any other information WASBO should know about your preferences:

\_\_\_\_\_  
\_\_\_\_\_

**Program Commitment** I understand that working in a mentor/protégé relationship can be an extremely rewarding experience, and I appreciate that the beneficial outcomes require:

- A professional commitment to share openly, to communicate effectively, and to learn from each other;
- A personal commitment of my time to attend training to be a mentor; and
- A recognition and agreement to the mentor responsibilities as listed in the attached description of the mentoring program.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Return to: WASBO Mentorship Program, 4797 Hayes Road, Suite 202, Madison, WI 53704  
Sue Schnorr [sue.schnorr@wasbo.com](mailto:sue.schnorr@wasbo.com) OR Jill Bodwin [jill.bodwin@wasbo.com](mailto:jill.bodwin@wasbo.com)