

Mentorship Program Enrollment Form

Mentee Profile

Name:

Date:

Home Phone:

Work/School Phone:

Best time to call:

Email:

Address and Zip Code:

Education

Major:

GPA:

Year in School:

College/University:

Expected Graduation Date:

Dietetics / Nutrition Interests

Area(s) of dietetics that you would like to learn more about:

Dietetics Work/Internship/Volunteer Experience:

What would you like to gain through the participation in the Mentorship Program?

The areas where I would most like help from a mentor are: *(check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Career guidance | <input type="checkbox"/> Academic guidance (course selection, etc.) |
| <input type="checkbox"/> Time management | <input type="checkbox"/> Job search |
| <input type="checkbox"/> Networking | <input type="checkbox"/> Resume preparation |
| <input type="checkbox"/> Job-seeking skills | <input type="checkbox"/> Interviewing skills |
| <input type="checkbox"/> Personal issues | <input type="checkbox"/> Sharing my own experiences |

I would prefer to meet my mentor *(check all that apply)*:

- In person E-mail Phone Combination of in-person and other

In matching you with a mentor, is there anything else we should take into account?

Please return completed form to Nina Hall, PhD, RDN, LD (a_new_you70@yahoo.com).