

Mentee Application

Mentee Name	
Organisation Name	
CEO/Line Manager's Name	
Organisation brief overview -	
Mentee's role	
What inspires you to take on a mentor?	
What are your goals for mentoring support	
Organisation address	
Mentee's Email	
Mentee's Work Telephone	
Mentee's Mobile	
How did you hear about the service?	
When would you like to start?	
What are you best contact days / dates?	
Agreement	<input type="checkbox"/> We agree to the terms listed in the Mentor Service Information Sheet
Mentee signature Date	
CEO/Line Manager's signature Date	
Office use: VSA&NT member: Acceptance Date: 1st contact made: Mentor assigned:	

Please complete and return to mentoring@volunteeringsa-nt.org.au