Mentor Application Assessment

In order for us to better fit you with the appropriate Student, please provide the following information:

1. Have you ever been in a Mentor relationship/program?

☐ No.

☐ Yes, But it was an informal relationship.

☐ Yes, but it was in a formal program:_____

2. If you have been in a Mentor relationship/program in the past, what did you find valuable? What wasn't valuable about the relationship/program?

3. What do you plan to achieve as a result of this program? Please include professional, academic, personal, leadership, extracurricular, and any other goals you plan to accomplish via this program.

4. Do you want to be matched with someone within the security industry?

☐ Yes, I would like to be matched with a Protégé from my field of security.

☐ No, I would like to be matched with someone from a different field of security.

☐ I do not care if the Protégé is in my field or in a different field of security.

5.   What is your primary area of expertise within the security industry?

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6.   What other areas within the security industry would you feel comfortable providing mentoring and guidance.

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7.   What is your educational level? You may select more than one, if applicable.

☐High School   ☐2-year College 4-year College/University   ☐PhD Graduate level degree

☐Certification(s)   ☐Other Education:_____

8.   What is your highest professional experience?

☐Entry Level Manager   ☐ Mid-Level Manager   ☐ Advanced Level Manager
(1-10 employees, one program)   (10-20 employees, several programs)   (20+ employees, multiple programs & sites)

☐ Program Manager   ☐ Director, Senior Director, Executive Director

☐ Vice President, Senior V.P., Executive V.P.   ☐ President

☐ CEO/COO   ☐ CSO, Corporate Director   ☐ Consultant

☐ Other:_____

9.   Select all areas below you would feel comfortable proving mentoring assistance with to a Student?

☐ On-going career development   ☐ Used to solve a long-term project

☐ Skill improvement   ☐ Company/Industry cultural comprehension

☐ Educational foundation expansion   ☐ Broader quality performance

☐ Area specialty development and practice   ☐ Guidance on job searches

☐ Résumé critiques   ☐ Mock interviews

☐ Informational interviews   ☐ Project collaboration and/or critique

☐ Enhance/Increase professional visibility   ☐ Practice strategies

☐ Networking   ☐ Other:_____

10.   What mechanisms of communication do you have available to you to interact with your Student? Supply information on those you wish to use.

☐ Business Phone:_____

☐ Cell Phone:_____

☐ Business e-mail:_____

☐ Personal e-mail:_____

☐ Go-to-meeting capabilities:_____

☐ Live chat:_____

☐ Video conferencing:_____

☐ Face-to-face meetings:_____

☐ Other:_____

11. Are you willing to provide both verbal and written feedback to the Student and/or the Student's program coordinator (only if the Student requests program coordinator's inclusion into the program)?

☐ Yes, I am willing to provide both verbal and written feedback to the Student.

☐ I am willing to provide only verbal feedback to the Student.

☐ I am willing to provide only written feedback to the Student.

☐ I am willing to provide verbal and written feedback to the Student's program coordinator, if requested by the Student.

☐ I am willing to provide only verbal feedback to the Student's program coordinator, if requested by the Student.

☐ I am willing to provide only written feedback to the Student's program coordinator, if requested by the Student.

☐ No, I am not willing to provide feedback to the Student's program coordinator. I wish to work with the Student exclusively.