

186 Dysart Rd. University of Manitoba Winnipeg, Manitoba Canada R3T 2N2 T: 204-474-8256 F: 204-474-7618

## Mentor Application:

First Name:	Last Name:	
Email:	Work Phone:	
Cell Phone:		
Work Address:	City:	
Province/State:	Zip/Postal Code:	
Career Profile:		
Organization:	Job Title:	
Start Date:	Industry:	
LinkedIn Url:		
Did you graduate from the Unive	rsity of Manitoba? What year did you gradua	te?
Which faculty were you in?	Degree completed:	
Please indicate below the prefer	red discipline(s) of your student mentee (select at least 3	3):
What interests / expertise do you	have that relate to these undergraduate programs?	
Have you been involved with oth	er Mentoring Programs in the past?	
Motivation for becoming a mento	or (select at least 3):	
What do you hope to gain from the	ne Mentoring Program?	
In addition to the one hour montl participate in additional activities	nly commitment, I am willing to s as part of the Mentoring Program:	

Activities in which I can participate with the student I am mentoring include:

Topics I can discuss with the student include:
Please list hobbies / personal interests:
Please list any professional affiliations:
Please provide a brief bio (120 – 150 words) of your career path.
May we please send your contact information to the Science Co-op Program
in addition to the Faculty keeping your contact information? Yes No
May the program coordinator contact you as needed over the course of the Mentoring Program? Yes No.
May we publish your bio on the Mentoring website?: Yes No
Can we share this info on social media? Yes No
Are you on social media other than LinkedIn? Yes No
Please provide the other social media platforms you use?
Instructions for submitting this application:
Please email this PDF to: Carrie.Selin@umanitoba.ca Please also attach with your email a pdf copy of your CV.

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