



YPN Executive Mentorship Application

Application must be received by 5:00 p.m. on Friday, October 30.

Name: _____ Gender: Male
First Last Female

Employer: _____

Address: _____
Street City State Zip Code

Work phone: _____ E-mail address: _____

Title: _____ Years of experience in your field: _____

Nature of Work (list 1-3 main tasks ex: hiring & management of a creative staff):

Age: 24-29 30-39 40-49 50-59 60+

Are you signing-up to be a mentor or a mentee? Mentor Mentee

Is this your first time participating in the YPN Executive Mentorship Program? Yes No

How did you hear about the program?

Colleague	Email from Young Professionals Network
Friend	@Work (Chamber e-news publication)
Employer	Other:

Which of the following is your preferred method of communication?

Phone Email Face-to-Face

1. Why do you want to participate in the program? What do you hope to gain? Check all that apply.

Business Knowledge
Leadership Knowledge
Develop Soft Skills

Develop Technical Skills
Interested in a Career Change
Build Professional Network

Other:

2. Describe the ideal mentee or mentor. (For example: a female executive in the nonprofit sector.)

3. What are your hobbies or personal interests?

4. **Question for mentee:** Do you have someone in mind who you would like to suggest as your mentor?
If yes, list his or her name.

5. If you could recommend one book for your mentee or mentor to read, what would it be? We will compile a list of book recommendations and will share it at the kick-off program. The list will include the name of the person that recommended the book.

*** All matches will be contacted by Tuesday, December 1. If you have any questions before then, please contact Brandi Miller at bmiller@capitalregionchamber.com.**

Please send completed application to:

Capital Region Chamber

Attn: Brandi Miller

5 Computer Drive South, Albany, NY 12205

Fax: 431.1474/ Email: BMiller@capitalregionchamber.com

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