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**UCOP Human Resources**

**University of California, Office of the President**

**UCOP Mentorship Program 2017 - 2018**

**Mentee Application**

For employees in all classifications who have successfully passed probation

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Payroll Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in Current Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Years at UCOP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly answer the following questions (add your answer below each question):

1. Provide a basic description of your work experience at UCOP.
2. What are 1-2 professional or developmental goals you have for participation in the mentor program?
3. Describe your involvement in a project of which you are particularly proud. What was the impact and what were the benefits? What were any obstacles you encountered and what did you employ to address them?
4. What do you expect the mentorship experience to contribute to your present and future roles with the University?
5. Why are you a good candidate for this mentorship program? What do you hope to gain from the program and what will you contribute?

*I hereby apply to be a participant in the UCOP Mentorship Program. I understand that the criteria for participation in the program include meeting with my mentor regularly. It is my responsibility to make arrangements for finding time to participate in this program.*

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

*I hereby grant my permission for my direct report to participate in the UCOP Mentorship program. My direct report has explained to me the time commitment.*

Supervisor Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please submit application via email by 5 p.m. on 08/14/2017** to:

UCOP Mentorship Program

 Lance Page, Local UCOP HR

9318, Franklin St., Oakland

lance.page@ucop.edu

Questions? Please contact Lance Page lance.page@ucop.edu or Karen Arnold, karen.arnold@ucop.edu, UCOP Mentorship Program Coordinators.