

Women's Inter-Cultural Exchange  
Mentoring Across Difference  
GMAD  
Mentor Application

|                                                |                 |
|------------------------------------------------|-----------------|
| Name:                                          | E-mail address: |
| Company/Organization:                          |                 |
| Job Title:                                     |                 |
| Location:                                      |                 |
| Office Phone: (    )                           |                 |
| Mobile Phone: (    )                           |                 |
| WIE Member: Yes ___ No___      Ethnicity/Race: |                 |

Please describe your reasons for wanting to be a mentor:

Please list the specific skills or experiences you wish to share with a mentee:

Formal Education:

| Institution | Degree/Certification | Date |
|-------------|----------------------|------|
|             |                      |      |
|             |                      |      |
|             |                      |      |

Other relevant training or certification:

Special interests or hobbies:

Time/Hours per month you are willing and able to spend as a mentor:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I have successfully completed the volunteer process. \_\_\_\_\_