



## MENTORING APPLICATION

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

Title: \_\_\_\_\_

Library/Institution: \_\_\_\_\_

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

Phone Number \_\_\_\_\_

Email: \_\_\_\_\_

Library Areas of Interest:

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Signature: \_\_\_\_\_  
(Mentee)

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

Signature: \_\_\_\_\_  
(Mentor)

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

**\*Please return completed form to Chris Marra [cmarra@oceansidelibrary.com](mailto:cmarra@oceansidelibrary.com) or Catherine Nashak [cnashak@hwpl.org](mailto:cnashak@hwpl.org)\***

*Topics discussed by mentors and mentees may be a personal opinion or of a sensitive or controversial nature and therefore strict confidentiality must be maintained between mentors and mentees. By signing the Mentoring Agreement, the mentor and mentee agree to maintain confidentiality.*