



STATE REPRESENTATIVE

DAVID FRIESS

WATCH US GROW

MENTOR APPLICATION FORM

Our Mission

To educate, Inspire, and empower the next generation of female leaders with the core values, attitudes, and skills that are the foundation of quality leadership.

Our Goals

To create opportunities for students to observe, interact with, and learn from outstanding, established leaders, and to facilitate the process of developing philosophies and individualized plans for becoming tomorrow's future leaders

PERSONAL INFORMATION :

First Name :

Last Name :

Address :

Phone Number :

Email :

EMPLOYMENT INFORMATION

Employer :

Title :

Phone Number :

Number of Years:

MENTORSHIP INFORMATION

AREAS IN WHICH I AM INTERESTED IN BEING A MENTOR (PLEASE SELECT ALL AREAS OF INTEREST THAT APPLY)

<input type="checkbox"/>	Leadership Development
<input type="checkbox"/>	Career Guidance
<input type="checkbox"/>	Academic Guidance
<input type="checkbox"/>	Time Management
<input type="checkbox"/>	Job Search
<input type="checkbox"/>	Networking
<input type="checkbox"/>	Resume Preparation
<input type="checkbox"/>	Job Seeking Skills
<input type="checkbox"/>	Interviewing Skills
<input type="checkbox"/>	Personal Development
<input type="checkbox"/>	Sharing my own experiences

MENTEE CONTACT PREFERENCE (S)

<input type="checkbox"/>	In Person
<input type="checkbox"/>	By Phone
<input type="checkbox"/>	By Email

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TELL US ABOUT YOURSELF

ADDITIONAL OPTIONS FOR PARTICIPATION

<input type="checkbox"/>	Speaker at WLI events
<input type="checkbox"/>	Shadow Location/ Facilitator
<input type="checkbox"/>	Academic Guidance

RECOMMEND A FRIEND OR ASSOCIATE

First Name :	<input type="text"/>		
Last Name :	<input type="text"/>		
Address :	<input type="text"/>		
Phone Number :	<input type="text"/>	Email :	<input type="text"/>
Area of Expertise	<input type="text"/>		

CONTACT INFORMATION :

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