| CAPITOL NETWORK MENTee Application |
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| Applicant Information |
| Name:  |
| Phone: | Email Address: |
| Office:  | Title/Position: |
| City: | State: | ZIP Code: |
| Interest Areas: I would like a mentor in the following areas |
|  Capitol Staff State/General Government No Preference Campaigns Lobbyist Communications/public affairs Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| pArty Affiliation |
|  DemocraT Republican Decline to State |
| Tell Us About Yourself |
| Please tell us about yourself (background, interests, hobbies, etc.) |
| What Skills are you looking to develop? |
|  Public Speaking Resume Writing/Review General Career Advice  Salary Negotiation Leadership Networking Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The time commitment for mentors is 1-2 hours per month and we ask that you have an in person meeting/coffee/lunch with your mentor 1 – 2 times a quarter. Other communication such as emails and phone calls is also strongly encouraged. The length of the program is approximately 1 year. (November– November, focused on the Legislative Session). Please initial (\_\_\_\_) here indicating you are willing to make the required time commitment. |
| Is there any other information you would like to share that would assist us in pairing you with a mentor? |
| Please return your completed application to laURA speed at capitolnetworkmentorship@gmail.com or call (916) 832-0460 for more information. deadline for submittal is november 3, 2017.Thank you for your interest in the Capitol Network Mentorship Program! |

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| Tell Us About Yourself |
| Please tell us about yourself (background, interests, hobbies, etc.) |
| What assistance would you be willing to provide a mentee? |
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