

2018 YPN Executive Mentorship Application

Application must be received by 5 p.m. on Friday, October 27 All the information from page 1 will be shared with the person with whom you are matched.

Name: First			I iden Last		tify my gender as:		
Employer:							
Employer's add	dress: Stree	t	City		State	Zip	
Work phone:			E-mail ad	E-mail address:			
Title:			Years of e	Years of experience in your field:			
Nature of Wor	k (list 1-3 main	tasks; ex: hiring &	management of a	creative staff):			
Age: 24-29	30-39	40-49 50+					
Are you signi	ng up to be a ı	mentor or a ment	tee? Mentor	Mentee			
Is this your firs	t time participa	ating in the YPN Ex	kecutive Mentorship	o Program?	Yes	□ No	
How did you hear about the program? Check all that apply. Colleague Email from Young Professionals Networ Other:				rk	☐ Employer ☐ Chamber e-news		
Which of the fo	ollowing is you	r preferred metho	d of communication	า?			
□ Phone	□ Email	□ Fac	e-to-Face				
What are your	hobbies or per	sonal interests?					
Please copy an	nd paste a link t	o your LinkedIn pı	ofile here:				

Your responses to the questions below will remain confidential. This information will NOT be shared with the person that you're matched with.

Why do you want to participate in the program? List three goals you would like to achieve throughout the program.					
Goal 1:					
Goal 2:					
Goal 3:					
Which qualities would you like in a mentee or mentor? Describe the ideal mentee or mentor.					
Question for mentee: Do you have someone in mind who you would like to be your mentor? If yes, please list his or her name below.					
*All matches will be contacted by Friday, December 1 . If you have any questions before then, please contact Brandi Landy at blandy@capitalregionchamber.com .					
Please send completed application to:					

Thank you to our Presenting Sponsors

Attn: Brandi Landy 5 Computer Drive South, Albany, NY 12205 Email: blandy@capitalregionchamber.com









Thank you to our Supporting Sponsors

Transfinder and ShopRite