



BUSINESS | OPPORTUNITIES | LEADERSHIP | DEVELOPMENT

Mentee Questionnaire BOLD Mentor Program

Name: _____

Email: _____ Phone #: _____

Communication Preference: ☐ Email ☐ Phone ☐ Text

Employer's Name: _____

Occupation: _____

1. I am an individual affiliate of the Minnesota Chapter, RMA (2019/2020 term): ☐ Yes ☐ No
(Affiliation is a requirement to be involved in this program. If you check no, we will send you an affiliation application to complete.)
2. Do you want a mentor in the same field/services as you? ☐ Yes ☐ No ☐ Doesn't Matter
3. Is it OK if your mentor works for the same company as you?
☐ Yes ☐ No ☐ Doesn't Matter
4. What College/University did you attend? _____
5. Do you prefer a mentor from the same school? ☐ Yes ☐ No ☐ Doesn't Matter
6. How soon would you like to get started with a mentor? _____
7. Do you prefer a ☐ Male **or** ☐ Female **or** ☐ Doesn't Matter Mentor?
8. Besides the Risk Management Association, do you belong to other local organizations:
☐ No ☐ Yes - Which ones? _____
9. Which of these four words resonates with you the most for wanting to work with a mentor?
☐ BUSINESS ☐ OPPORTUNITIES ☐ LEADERSHIP ☐ DEVELOPMENT

Signature: _____



Women's Forum

JOIN. ENGAGE. LEAD.

Please return completed form to info@rma-mn.org or fax to #612-284-1023