



Mentee Applicant Information

NAME: _____

COMPANY: _____

TITLE: _____

EMAIL: _____

WORK/CELL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

(1) Please select the industry sector that best describes your current role on a day-to-day basis:

- 1. Commercial
- 2. Industrial
- 3. Medical
- 4. Associate Member
- 5. Other (please specify): _____

(2) How long have you been a real estate professional?

- 1. <3 years
- 2. 4-6 years
- 3. 7-9 years
- 4. 10+ years

(3) Why are you interested in participating in the BOMA/Suburban Chicago Mentorship Program?

(If more space is needed, an additional word document is permitted.)

(4) What do you hope to gain from participating in the BOMA/Suburban Chicago Mentorship Program?

(If more space is needed, an additional word document is permitted.)

Agreement

By submitting this application, I have read and understand the guidelines of the BOMA/Suburban Chicago Mentorship Program and agree to fulfill the requirements of the program to the best of my ability. I further agree to respect the time scheduled and dedicated by my appointed Mentor. I will complete required meetings in a timely and professional manner. I will convey any concerns or issues regarding the Mentorship Program to BOMA/Suburban Chicago immediately.

It is to be understood that all discussions, meetings, and written documentation between Mentors and Mentees are to remain CONFIDENTIAL. The Mentorship Program is to be a venue for open discussion between the Mentor and Mentee with the expectation of confidentiality.

Applicant Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

To apply for the BOMA/Suburban Chicago Mentorship Program, please submit your completed application to Barb Turbett, BOMA/Suburban Chicago (barbt@bomasuburbanchicago.com) by November 29, 2019.

<p>Spaces are limited. If you have been selected to participate in the BOMA/Suburban Chicago Mentorship Program, we will notify you of your pairing in January 2020.</p>
