**Mentee (Student) Application Form**

Tulsa ASSE Mentoring Program

1. First and Last Name:
2. To which ASSE Student Section do you belong? (e.g., OSU; NSU-Tahlequah; NSU-Broken Arrow):
3. Year in school (e.g., freshman, sophomore, junior, senior, graduate):
4. e-mail:
5. Phone:
6. What type of mentorship relationship do you prefer? (e.g., face-to-face; telephone; e-mail; no preference; etc.):
7. In what geographic area or city would you like your mentor to be located?
8. Describe the practice areas that interest you most. (e.g., safety; industrial hygiene; environment; general practice/no specialization, etc.):
9. Describe the work settings that interest you most. (e.g., government; manufacturing; energy; agriculture; transportation; warehousing; healthcare; insurance; etc.):
10. Describe the size of work organization that interests you most. (e.g., small: 0-50 employees; medium: 51-250 employees; large: more than 250 employees; no preference; etc.)
11. What additional information would you like to share to ensure a best-fit match?
12. I UNDERSTAND that participation in the Mentoring Program is for one semester and may be extended by mutual consent of the mentor and mentee.

Circle one: Agree / Disagree

1. AGREE to contact the Mentoring Coordinator if I have any questions, comments, or concerns about the Mentoring Program, my Mentor, or regarding a change in my abilities to serve as a Mentee. Circle one: Agree / Disagree
2. I UNDERSTAND that the Mentoring Program is not a job placement program, and that the goal of this program is not to gain employment. Circle one: Agree / Disagree
3. I UNDERSTAND that it is the Mentee’s responsibility to initiate contact with the Mentor, and that after initial contact it is the Mentor’s responsibility to schedule meetings in a reasonably timely manner. Because the nature of student schedules varies, if I am unable to meet with my Mentor during a scheduled time or need to cancel a meeting, I will contact the Mentor as soon as possible. If I have difficulty receiving communications from my Mentor, I will contact the Mentor Coordinator. Circle one: Agree / Disagree
4. Date:
5. Signature:

Please submit this completed form to the Tulsa ASSE Student Affairs Representative, as follows:

*By e-mail:* Mitch Ricketts ricketts@nsuok.edu

*By mail:*

Mitch Ricketts

BABT 112

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