**Mentor (Safety Professional) Application Form**

Tulsa ASSE Mentoring Program

1. First and Last Name:
2. Are you a member in good standing of the Tulsa ASSE Chapter? Circle one: Yes / No
3. Number of years in the occupational safety, health, or environmental profession:
4. e-mail:
5. Phone:
6. What type of mentorship relationship do you prefer? (e.g., face-to-face; telephone; e-mail; no preference):
7. In what geographic area or city are you located?
8. Describe the practice areas in which you work or have worked. (e.g., safety; industrial hygiene; environment; general practice/no specialization, etc.):
9. Describe the setting in which you work. (e.g., government; manufacturing; energy; agriculture; transportation; warehousing; healthcare; insurance; etc.):
10. Describe the size of your work organization. (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
13. AGREE to contact the Mentoring Coordinator if I have any questions, comments, or concerns about the Mentoring Program, my Mentee, or regarding a change in my abilities to serve as a Mentor. Circle one: Agree / Disagree
14. I UNDERSTAND that by volunteering, I will be placed in a pool of available safety professionals and will be contacted if I have been matched with a student. Circle one: Agree / Disagree
15. I UNDERSTAND that after initial contact from the Mentee, it is the Mentor’s responsibility to schedule meetings with the Mentee in a reasonably timely manner. Because the nature of safety practice varies, if I am unable to meet with a Mentee during a scheduled time or need to cancel a meeting, I will advise the Mentee as soon as possible. If I have difficulty receiving communications from my Mentee, I will contact the Mentoring Coordinator. Circle one: Agree / Disagree
16. Date:
17. Signature:

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

*By e-mail:* Mitch Ricketts [ricketts@nsuok.edu](mailto:ricketts@nsuok.edu)

*By mail:*

Mitch Ricketts

BABT 112

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