



Thank you for your interest in the CFASF Mentoring Program. Please answer the questions below fully so that we may match you to the best possible mentor. When you have completed this application, please email a copy along with your resume to our Program Manager, Tracy Canning at tracy@cfa-sf.org.

Mentee Application

Full Name: _____ Phone Number: _____

Email Address: _____

CFA Member ID: _____ Year CFA Charter Received: _____

Other Professional Designations: _____

| | |
|---------------------------------------|--|
| Please detail your career objectives. | |
|---------------------------------------|--|

| | |
|---|--|
| What are you hoping to gain from your mentor? | |
|---|--|

| | |
|--|--|
| Are you willing to be mentored by someone outside of your industry segment? Explain. | |
|--|--|

| How important is it that you receive support from your mentor in each of the following areas: | Not important 1 | 2 | 3 | 4 | Extremely Important 5 |
|---|--------------------|---|---|---|--------------------------|
| Leadership & Team Management | | | | | |
| Investment Research/Financial Modeling | | | | | |
| Networking | | | | | |
| Effective Presentations | | | | | |
| Negotiation/Conflict Resolution | | | | | |
| Work/Life Balance | | | | | |
| Project Management | | | | | |
| Effective Communication | | | | | |
| Organization/Time Management | | | | | |
| Business Development | | | | | |

| | |
|---|--|
| Is there anything else you would like us to keep in mind when matching you with a mentor? | |
|---|--|



Mentee Agreement

Please read the following statement and sign this agreement below before submitting.

I acknowledge that by applying as a mentee in the CFASF Mentoring Program, I am committing to being matched with a mentor and to an engagement with the selected mentor lasting from July 2018 until June 2019.

During the course of the mentoring program, I commit to a minimum of contact with my mentoring partner on a monthly basis, along with an in-person meeting at least four times over the engagement.

I acknowledge that I will be primarily responsible for arranging the logistical details of our meetings and planning the agendas for our meetings.

I will not use it as a recruitment or job seeking tool. I acknowledge that if I do use my mentor/mentee relationship as a recruiting tool, I will be expelled from the program.

I acknowledge that if I am matched with a mentor, I am committing to identifying career goals and to being open to my mentor's advice and feedback in order to make progress toward my stated goals.

I understand that confidentiality is important in a mentoring relationship, and I will work with my mentor to establish our common expectations of confidentiality.

If at any point the mentoring relationship becomes unproductive or otherwise compromised, I acknowledge that I will attempt to address the issue with my mentor directly first but will notify the CFASF if we are unable to resolve the issue.

I consent for CFASF to hold the data contained in this application form, along with my resume and bio, and to use for matching with a mentoring partner, monitoring and review as applicable, as part of the CFASF 2018 Mentoring Program.

By signing this agreement, I acknowledge and agree to the above statements

Signature: _____ Date

Full Name: _____

Thank you for applying to participate as a mentor!

Your application will not be processed until we receive this completed application and signed agreement with a copy of your current resume via email to Program Manager, Tracy Canning, at tracy@cfa-sf.org