



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 mentee. 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](mailto:tracy@cfa-sf.org).

**Mentor Application**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

CFA Member ID: \_\_\_\_\_ Year CFA Charter Received: \_\_\_\_\_

Other Professional Designations: \_\_\_\_\_

Briefly describe your previous mentoring and/or mentee experience(s), as applicable.	
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What are you hoping to gain from the CFASF Mentoring Program?	
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Where do you think you could provide the most value to your mentee?	
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Please rate your confidence in providing support to your mentee in the following areas:	Not particularly confident 1	2	3	4	Extremely Confident 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 mentee?	
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**Mentor Agreement**

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

I acknowledge that by applying to serve as a mentor I am committing to being matched with a mentee and to an engagement with the selected mentee 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.

Further, I acknowledge that my primary role as a mentor is to help a mentee identify relevant career goals for him/herself and to help him/her make progress toward those goals.

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 understand that confidentiality is important in a mentoring relationship, and I will work with my mentee 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 mentee 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](mailto:tracy@cfa-sf.org)