



ASC Vision Mentee Application

APPLICATIONS DUE: June 28, 2019, 11:59 p.m. PST

The following information is confidential and will ONLY be used to match mentee with ASC mentor. Please send the completed form and all other application materials to vision_mentorship@theasc.com.

Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

Phone/Email: _____

VOLUNTARY SELF-IDENTIFICATION (please leave blank if you choose to not self-identify)

Ethnicity: _____ Identified Gender: _____

Disability Status: _____ Protected Veteran Status: _____

Languages spoken: _____

How did you hear about the ASC Mentorship Program? _____

Have you previously participated in any formal or informal mentorship: Yes No Describe: _____

Briefly describe what do you hope to receive from the ASC Vision Mentorship? _____

Describe significant challenges you've experienced in your career: _____

In what way do you believe and ASC Vision Mentorship could help you address these issues as you move forward? _____

Signature _____ Date _____

For ASC Office Use Only:

Received by (ASC Staff) _____

ASC Mentor Name: _____

Phone: _____ Email: _____

Date Notified: _____ Date Completed: _____

Notes: