



Mentoring Application

Mentors

Thank you for your interest in becoming a mentor to future librarians and/or new professional librarians. Please complete the following information to apply to become a mentor with the NJLA.

* Indicates a required field.

PERSONAL INFORMATION

*First Name: _____ Middle Initial: _____ *Last Name: _____

*Home Address: _____ *Home Phone: _____

*City: _____ *State: _____ *Zip: _____

Fax: _____ *Email: _____

OCCUPATION INFORMATION

*Career Title: _____ *Type of Library: Public - Academic - School – Special – Federal Government

Work Address: _____ *Work Phone: _____

*City: _____ *State: _____ *Zip: _____

Work Email: _____ *Work Fax: _____

Years of Services as a Library/Information Professional _____ years

*Can a mentee/protégé contact you at any of the above? _____ YES _____ NO

*Have you ever served as a mentor? _____ YES _____ NO

*In addition to English, I also speak: Spanish French German Creole Other:

*Highest level of education completed: _____

Degree major: _____

