



Municipal Treasurers Association of Wisconsin

Municipal Treasurers Assoc. of Wisconsin, Inc.
2140 Church Street, Stevens Point WI 54481

Mentoring Program - Application Form

Name: _____ Title: _____

Fulltime or Part-time Position: _____

Entity: _____ Address: _____
(City, Town, Village)

Phone: _____ Email: _____

This form outlines the goals and expectations for a possible mentoring partnership. This form is a requirement for participation in the Mentoring Program and used as a helpful guide in setting goals and recommendations.

Preferred Form of Interaction (select 1 or more):

Phone Calls Emails Meeting at or near workplace Meeting conferences & local events

Frequency of meetings/calls:

Weekly Monthly Bi-Monthly Quarterly

Preferred form of interaction (select 1 or more):

Are there specific days or hours that you will not be available? _____

Mentoring arrangements (chat, email, face-to-face meetings): _____

Please select the following duties that you perform as part of your finance position:

- | | |
|---|-----------------------------------|
| Accounts Receivable | Payroll Processing |
| Accounts Payable | Prepare Monthly Financial Reports |
| Bank Duties (transfers and/or reconciliations) | Supervise Staff |
| Budget Preparation
(size of budget \$ _____) | (# supervised _____) |
| Debt Issuance | Utility Billing |
| Invest Public Funds
(size of portfolio \$ _____) | Tax Collections |
| | Other _____ |