



Municipal Treasurers Association of Wisconsin

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

Mentoring Program - Application Form To Be A Mentor

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 will be 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): _____